

Schedule K-1
(Form 1065)

For calendar year 2010, or tax
year beginning _____
Department of the Treasury
Internal Revenue Service
ending _____

**Partner's Share of Income, Deductions,
Credits, etc.**

► See separate instructions.

2010

Final K-1 Amended K-1 OMB No. 1545-0099

**Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items**

Part I Information About the Partnership		1 Ordinary business income (loss) ██████████.	15 Credits												
A Partnership's employer identification number ██████████ 691		2 Net rental real estate income (loss)	16 Foreign transactions												
B Partnership's name, address, city, state, and ZIP code SDM HOLDINGS, LLC ██████████		3 Other net rental income (loss)													
C IRS Center where partnership filed return CINCINNATI, OH		4 Guaranteed payments													
D <input type="checkbox"/> Check if this is a publicly traded partnership (PTP)		5 Interest income													
		6a Ordinary dividends	17 Alternative min tax (AMT) items												
		6b Qualified dividends													
		7 Royalties	18 Tax-exempt income and nondeductible expenses												
		8 Net short-term capital gain (loss)													
Part II Information About the Partner		9a Net long-term capital gain (loss)													
E Partner's identifying number ██████████ 208		9b Collectibles (28%) gain (loss)	19 Distributions												
F Partner's name, address, city, state, and ZIP code CAROLINE FINANCIAL GROUP ██████████		9c Unrecaptured sec 1250 gain	20 Other information												
G <input checked="" type="checkbox"/> General partner or LLC member-manager H <input checked="" type="checkbox"/> Domestic partner I What type of entity is this partner? <u>CORPORATION</u>		10 Net section 1231 gain (loss)													
J Partner's share of profit, loss, and capital: <table border="1"> <thead> <tr> <th></th> <th style="text-align: center;">Beginning</th> <th style="text-align: center;">Ending</th> </tr> </thead> <tbody> <tr> <td>Profit</td> <td style="text-align: center;">24.000000%</td> <td style="text-align: center;">24.000000%</td> </tr> <tr> <td>Loss</td> <td style="text-align: center;">24.000000%</td> <td style="text-align: center;">24.000000%</td> </tr> <tr> <td>Capital</td> <td style="text-align: center;">0.000000%</td> <td style="text-align: center;">3116000.000%</td> </tr> </tbody> </table>			Beginning	Ending	Profit	24.000000%	24.000000%	Loss	24.000000%	24.000000%	Capital	0.000000%	3116000.000%	11 Other income (loss)	
	Beginning	Ending													
Profit	24.000000%	24.000000%													
Loss	24.000000%	24.000000%													
Capital	0.000000%	3116000.000%													
K Partner's share of liabilities at year end: Nonrecourse \$ _____ Qualified nonrecourse financing \$ _____ Recourse \$ _____.		12 Section 179 deduction													
L Partner's capital account analysis: Beginning capital account \$ _____ Capital contributed during the year \$ _____ Current year increase (decrease) \$ _____. Withdrawals & distributions \$(_____) Ending capital account \$ _____.		13 Other deductions													
<input checked="" type="checkbox"/> Tax basis <input type="checkbox"/> GAAP <input type="checkbox"/> Section 704(b) book <input type="checkbox"/> Other (explain) _____		14 Self-employment earnings (loss)													
M Did the partner contribute property with a built-in gain or loss? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		*See attached statement for additional information.													
If "Yes", attach statement (see instructions)		For IRS Use Only													

Schedule K-1
(Form 1065)

For calendar year 2010, or tax
year beginning _____
Internal Revenue Service ending _____

**Partner's Share of Income, Deductions,
Credits, etc.**

► See separate instructions.

2010

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9c Unrecaptured sec 1250 gain	
10 Net section 1231 gain (loss)	20 Other information
11 Other income (loss)	
12 Section 179 deduction	
13 Other deductions	
14 Self-employment earnings (loss)	

For IRS Use Only

*See attached statement for additional information.

Part I Information About the Partnership

A Partnership's employer identification number

[REDACTED] 691

B Partnership's name, address, city, state, and ZIP code

SDM HOLDINGS, LLC

[REDACTED]

C IRS Center where partnership filed return

CINCINNATI, OH

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number

[REDACTED] 096

F Partner's name, address, city, state, and ZIP code

ALLIANCE CHARITABLE TRUST

[REDACTED]

G General partner or LLC

member-manager

Limited partner or other LLC

member

H Domestic partner

Foreign partner

I What type of entity is this partner? TRUST

J Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	19.0000000%	19.0000000%
Loss	19.0000000%	19.0000000%
Capital	0.0000000%	0.0000000%

K Partner's share of liabilities at year end:

Nonrecourse	\$ [REDACTED]
Qualified nonrecourse financing	\$ [REDACTED]
Recourse	\$ [REDACTED]

L Partner's capital account analysis:

Beginning capital account	\$ [REDACTED]
Capital contributed during the year	\$ [REDACTED]
Current year increase (decrease)	\$ [REDACTED]
Withdrawals & distributions	\$([REDACTED])
Ending capital account	\$ [REDACTED]

Tax basis GAAP Section 704(b) book

Other (explain) _____

M Did the partner contribute property with a built-in gain or loss?

Yes No

If "Yes", attach statement (see instructions)

Schedule K-1
(Form 1065)

Department of the Treasury
Internal Revenue Service

For calendar year 2010, or tax
year beginning _____
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2010

**Partner's Share of Income, Deductions,
Credits, etc.**

► See separate instructions.

Final K-1 Amended K-1 OMB No. 1545-0099

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14 Self-employment earnings (loss)	
*See attached statement for additional information.	
For IRS Use Only	

Part I Information About the Partnership

A Partnership's employer identification number

[REDACTED] 691

B Partnership's name, address, city, state, and ZIP code

SDM HOLDINGS, LLC

C IRS Center where partnership filed return

CINCINNATI, OH

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number

[REDACTED] 368

F Partner's name, address, city, state, and ZIP code

AVON CHARITABLE TRUST

G General partner or LLC

member-manager

Limited partner or other LLC

member

H Domestic partner

Foreign partner

I What type of entity is this partner? TRUST

J Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	19.0000000%	19.0000000%
Loss	19.0000000%	19.0000000%
Capital	0.0000000%	0.0000000%

K Partner's share of liabilities at year end:

Nonrecourse	\$ [REDACTED]
Qualified nonrecourse financing	\$ [REDACTED]
Recourse	\$ [REDACTED]

L Partner's capital account analysis:

Beginning capital account	\$ [REDACTED]
Capital contributed during the year	\$ [REDACTED]
Current year increase (decrease)	\$ [REDACTED]
Withdrawals & distributions	\$ [REDACTED]
Ending capital account	\$ [REDACTED]

Tax basis GAAP Section 704(b) book

Other (explain)

M Did the partner contribute property with a built-in gain or loss?

Yes No

If "Yes", attach statement (see instructions)

Schedule K-1
(Form 1065)

For calendar year 2010, or tax
year beginning _____
Internal Revenue Service ending _____

**Partner's Share of Income, Deductions,
Credits, etc.**

► See separate instructions.

2010

Final K-1 Amended K-1 OMB No. 1545-0099

**Part III Partner's Share of Current Year Income,
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11 Other income (loss)	
12 Section 179 deduction	
13 Other deductions	
14 Self-employment earnings (loss)	

*See attached statement for additional information.

For IRS Use Only

Part I Information About the Partnership

A Partnership's employer identification number

██████████691

B Partnership's name, address, city, state, and ZIP code

SDM HOLDINGS, LLC

██

C IRS Center where partnership filed return

CINCINNATI, OH

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number

██████████247

F Partner's name, address, city, state, and ZIP code

ATLANTIC CHARITABLE TRUST

██

G General partner or LLC

member-manager

Limited partner or other LLC

member

Foreign partner

H Domestic partner

I What type of entity is this partner? TRUST

J Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	19.0000000%	19.0000000%
Loss	19.0000000%	19.0000000%
Capital	0.0000000%	0.0000000%

K Partner's share of liabilities at year end:

Nonrecourse	\$ _____
Qualified nonrecourse financing	\$ _____
Recourse	\$ ██████████

L Partner's capital account analysis:

Beginning capital account	\$ _____
Capital contributed during the year	\$ _____
Current year increase (decrease)	\$ ██████████
Withdrawals & distributions	\$ (██████████)
Ending capital account	\$ ██████████

Tax basis
 GAAP
 Other (explain) _____

Section 704(b) book

M Did the partner contribute property with a built-in gain or loss?

Yes No

If "Yes", attach statement (see instructions)

Schedule K-1
(Form 1065)

For calendar year 2010, or tax
year beginning _____
Internal Revenue Service ending _____

**Partner's Share of Income, Deductions,
Credits, etc.**

► See separate instructions.

2010

		<input type="checkbox"/> Final K-1	<input type="checkbox"/> Amended K-1	OMB No. 1545-0099												
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C IRS Center where partnership filed return CINCINNATI, OH																
D <input type="checkbox"/> Check if this is a publicly traded partnership (PTP)																
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E Partner's identifying number <input type="text"/> 774		9b Collectibles (28%) gain (loss) 19 Distributions														
F Partner's name, address, city, state, and ZIP code PHOENIX CHARITABLE TRUST <input type="text"/>		9c Unrecaptured sec 1250 gain 20 Other information														
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<input checked="" type="checkbox"/> Tax basis <input type="checkbox"/> GAAP <input type="checkbox"/> Section 704(b) book <input type="checkbox"/> Other (explain) _____																
M Did the partner contribute property with a built-in gain or loss? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", attach statement (see instructions)																

1065Form
Department of the Treasury
Internal Revenue Service**U.S. Return of Partnership Income**

OMB No. 1545-0099

2011

For calendar year 2011, or tax year beginning _____, _____, ending _____, _____.

A Principal business activity	Name of partnership SDM HOLDING LLC	D Employer identification number [REDACTED] 691
FINANCIAL	Print or type.	E Date business started 01/01/2010
B Principal product or service INVESTMENTS	Number, street, and room or suite no. If a P.O. box, see the instructions. 35 TOWER LANE	F Total assets \$ [REDACTED]
C Business code number 523900	City or town, state, and ZIP code AVON CT 06001	
G Check applicable boxes: (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change (5) <input type="checkbox"/> Amended return (6) <input type="checkbox"/> Technical termination - also check (1) or (2)		
H Check accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ► 6		
J Check if Schedules C and M-3 are attached <input type="checkbox"/>		

Caution. Include only trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1 a Merchant card and third-party payments (including amounts reported on Form(s) 1099-K). For 2011, enter -0-	1a	[REDACTED]
	b Gross receipts or sales not reported on line 1a	1b	[REDACTED]
	c Total. Add lines 1a and 1b	1c	[REDACTED]
	d Returns and allowances plus any other adjustments to line 1a	1d	[REDACTED]
	e Subtract line 1d from line 1c	1e	[REDACTED]
	2 Cost of goods sold (attach Form 1125-A)	2	[REDACTED]
	3 Gross profit. Subtract line 2 from line 1e		[REDACTED]
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)		[REDACTED]
	5 Net farm profit (loss) (attach Schedule F (Form 1040))	5	[REDACTED]
6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)	6	[REDACTED]	
7 Other income (loss) (attach statement)	7	[REDACTED]	
8 Total income (loss). Combine lines 3 through 7	8	[REDACTED]	
Deductions (see the instructions for limitations)	9 Salaries and wages (other than to partners) (less employment credits)	9	[REDACTED]
	10 Guaranteed payments to partners	10	[REDACTED]
	11 Repairs and maintenance	11	[REDACTED]
	12 Bad debts	12	[REDACTED]
	13 Rent	13	[REDACTED]
	14 Taxes and licenses	14	[REDACTED]
	15 Interest	15	[REDACTED]
	16 a Depreciation (if required, attach Form 4562)	16a	[REDACTED]
	b Less depreciation reported on Form 1125-A and elsewhere on return	16b	16c
	17 Depletion (Do not deduct oil and gas depletion.)	17	[REDACTED]
	18 Retirement plans, etc.	18	[REDACTED]
	19 Employee benefit programs	19	[REDACTED]
	20 Other deductions (attach statement)	SEE STATEMENT 1	20	[REDACTED]
21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20	21	[REDACTED]	
22 Ordinary business income (loss). Subtract line 21 from line 8	22	[REDACTED]	

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) is based on all information of which preparer has any knowledge.		
	► Signature of general partner or limited liability company member manager _____ ► Date _____		
	May the IRS discuss this return with the preparer shown below (see instr.)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ► SIMIONE MACCA & LARROW, LLP			Firm's EIN ► 075	
	Firm's address ► 4130 WHITNEY AVENUE HAMDEN, CT 06518			Phone no. 203-281-0540	

Schedule B Other Information

		Yes	No
1	What type of entity is filing this return? Check the applicable box:		
a	<input type="checkbox"/> Domestic general partnership	<input checked="" type="checkbox"/>	Domestic limited partnership
c	<input type="checkbox"/> Domestic limited liability company	<input type="checkbox"/>	Domestic limited liability partnership
e	<input type="checkbox"/> Foreign partnership	<input type="checkbox"/>	Other ►

2 At any time during the tax year, was any partner in the partnership a disregarded entity, a partnership (including an entity treated as a partnership), a trust, an S corporation, an estate (other than an estate of a deceased partner), or a nominee or similar person?

X

3 At the end of the tax year:

a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership

X

b Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership

X

4 At the end of the tax year, did the partnership:

a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below

X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below

X

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

	Yes	No
5 Did the partnership file Form 8893, Election of Partnership Level Tax Treatment, or an election statement under section 6231(a)(1)(B)(ii) for partnership-level tax treatment, that is in effect for this tax year? See Form 8893 for more details		<input checked="" type="checkbox"/>
6 Does the partnership satisfy all four of the following conditions?		
a The partnership's total receipts for the tax year were less than \$250,000.		
b The partnership's total assets at the end of the tax year were less than \$ 1 million.		
c Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.		
d The partnership is not filing and is not required to file Schedule M-3		<input checked="" type="checkbox"/>
If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; Item F on page 1 of Form 1065; or Item L on Schedule K-1.		
7 Is this partnership a publicly traded partnership as defined in section 469(k)(2)?		<input checked="" type="checkbox"/>
8 During the tax year, did the partnership have any debt that was cancelled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		<input checked="" type="checkbox"/>
9 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?		<input checked="" type="checkbox"/>
10 At any time during calendar year 2011, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country. ►		<input checked="" type="checkbox"/>
11 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions		<input checked="" type="checkbox"/>
12a Is the partnership making, or had it previously made (and not revoked), a section 754 election?		<input checked="" type="checkbox"/>
See instructions for details regarding a section 754 election.		
b Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		<input checked="" type="checkbox"/>
c Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		<input checked="" type="checkbox"/>
13 Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly-owned by the partnership throughout the tax year) ► <input type="checkbox"/>		
14 At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		<input checked="" type="checkbox"/>
15 If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, enter the number of Forms 8858 attached. See instructions ►		
16 Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership. ►		<input checked="" type="checkbox"/>
17 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return. ►		
18a Did you make any payments in 2011 that would require you to file Form(s) 1099? See instructions		<input checked="" type="checkbox"/>
b If "Yes," did you or will you file all required Form(s) 1099?		
19 Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return. ►		

Designation of Tax Matters Partner (see instructions)

Enter below the general partner designated as the tax matters partner (TMP) for the tax year of this return:

Name of designated TMP ►	Identifying number of TMP ►
If the TMP is an entity, name of TMP representative ►	Phone number of TMP ►
Address of designated TMP ►	

Schedule K Partners' Distributive Share Items

		Total amount
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	1
	2 Net rental real estate income (loss) (attach Form 8825)	2
	3 a Other gross rental income (loss)	3a
	b Expenses from other rental activities (attach statement)	3b
	c Other net rental income (loss). Subtract line 3b from line 3a	3c
	4 Guaranteed payments	4
	5 Interest income	5
	6 Dividends: a Ordinary dividends	6a
	b Qualified dividends	6b
	7 Royalties	7
	8 Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8
Self-Employment Deductions	9 a Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a
	b Collectibles (28%) gain (loss)	9b
	c Unrecaptured section 1250 gain (attach statement)	9c
	10 Net section 1231 gain (loss) (attach Form 4797)	10
	11 Other income (loss) (see instructions) Type ►	11
	12 Section 179 deduction (attach Form 4562)	12
	13 a Contributions	13a
	b Investment interest expense	13b
	c Section 59(e)(2) expenditures: (1) Type ► (2) Amount ►	13c(2)
	d Other deductions (see instructions) Type ►	13d
Credits	14 a Net earnings (loss) from self-employment	14a
	b Gross farming or fishing income	14b
	c Gross nonfarm income	14c
	15 a Low-income housing credit (section 42(j)(5))	15a
	b Low-income housing credit (other)	15b
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	15c
	d Other rental real estate credits (see instructions) Type ►	15d
Foreign Transactions	e Other rental credits (see instructions) Type ►	15e
	f Other credits (see instructions) Type ►	15f
	16 a Name of country or U.S. possession ►	16b
	b Gross income from all sources	16c
	c Gross income sourced at partner level	
	Foreign gross income sourced at partnership level	
	d Passive category ► e General category ► f Other ►	16f
	Deductions allocated and apportioned at partner level	
	g Interest expense ► h Other ►	16h
	Deductions allocated and apportioned at partnership level to foreign source income	
Alternative Minimum Tax (AMT) Items	i Passive category ► j General category ► k Other ►	16k
	l Total foreign taxes (check one): ► Paid <input type="checkbox"/> Accrued <input type="checkbox"/>	16l
	m Reduction in taxes available for credit (attach statement)	16m
	n Other foreign tax information (attach statement)	
	17 a Post-1986 depreciation adjustment	17a
	b Adjusted gain or loss	17b
Other Information	c Depletion (other than oil and gas)	17c
	d Oil, gas, and geothermal properties - gross income	17d
	e Oil, gas, and geothermal properties - deductions	17e
	f Other AMT items (attach statement)	17f
	18 a Tax-exempt interest income	18a
	b Other tax-exempt income	18b
	c Nondeductible expenses	18c
	19 a Distributions of cash and marketable securities	19a
	b Distributions of other property	19b
	20 a Investment income	20a
	b Investment expenses	20b
	c Other items and amounts (attach statement)	

1 Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 16l	1
2 Analysis by partner type:	
(i) Corporate	(ii) Individual (active)
(iii) Individual (passive)	(iv) Partnership
(v) Exempt organization	(vi) Nominee/Other

a General partners

b Limited partners

Assets	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
1 Cash				
2a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (attach statement)				
7a Loans to partners (or persons related to partners)				
b Mortgage and real estate loans				
8 Other investments (attach statement)				
9a Buildings and other depreciable assets				
b Less accumulated depreciation				
10a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)				
12a Intangible assets (amortizable only)				
b Less accumulated amortization				
13 Other assets (attach statement)				
14 Total assets				
Liabilities and Capital				
15 Accounts payable				
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities (attach statement)				
18 All nonrecourse loans				
19a Loans from partners (or persons related to partners)				
b Mortgages, notes, bonds payable in 1 year or more				
20 Other liabilities (attach statement)				
21 Partners' capital accounts				
22 Total liabilities and capital				

Note. Schedule M-3 may be required.

1 Net income (loss) per books		6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		a Tax-exempt interest \$ _____	
3 Guaranteed payments (other than health insurance)		7 Deductions included on Schedule K, lines 1 through 13d, and 16l, not charged against book income this year (itemize):	
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16l (itemize):		a Depreciation \$ _____	
a Depreciation \$ _____		8 Add lines 6 and 7	
b Travel and entertainment \$ _____		9 Income (loss) (Analysis of Net Income (Loss)), line 1). Subtract line 8 from line 5	
5 Add lines 1 through 4			
1 Balance at beginning of year		6 Distributions: a Cash	
2 Capital contributed: a Cash		b Property	
b Property		7 Other decreases (itemize):	
3 Net income (loss) per books		8 Add lines 6 and 7	
4 Other increases (itemize):		9 Balance at end of year. Subtract line 8 from line 5	
5 Add lines 1 through 4			

Cost of Goods Sold

OMB No. 1545-2225

► Attach to Form 1120, 1120-C, 1120-F, 1120-S, 1065, and 1065-B.

Name	Employer identification number
SDM HOLDING LLC	[REDACTED] 691
1 Inventory at beginning of year	1
2 Purchases	2
3 Cost of labor	3
4 Additional section 263A costs (attach statement)	4
5 Other costs (attach statement)	5
SEE STATEMENT 5	
6 Total. Add lines 1 through 5	6
7 Inventory at end of year	7
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return (see instructions)	8
9a Check all methods used for valuing closing inventory:	
(i) <input type="checkbox"/> Cost	
(ii) <input type="checkbox"/> Lower of cost or market	
(iii) <input type="checkbox"/> Other (Specify method used and attach explanation) ► _____	
b Check if there was a writedown of subnormal goods ► <input type="checkbox"/>	
c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ► <input type="checkbox"/>	
d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO _____ 9d <input type="checkbox"/>	
e If property is produced or acquired for resale, do the rules of Section 263A apply to the corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach explanation.	

For Paperwork Reduction Act Notice, see separate instructions.

Form 1125-A (12-2011)

Form 4562

OMB No. 1545-0172

Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property) OTHER

2011

Attachment
Sequence No. 179

Name(s) shown on return

Business or activity to which this form relates

Identifying number

SDM HOLDING LLC

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost	

7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12 ► 13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2011	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ► <input type="checkbox"/>		

Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		27.5 yrs.	MM	S/L	
	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year			12 yrs.		S/L
c 40-year	/		40 yrs.	MM	S/L

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
---	----------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use

25

26 Property used more than 50% in a qualified business use:

⋮ ⋮	%							
⋮ ⋮	%							
⋮ ⋮	%							

27 Property used 50% or less in a qualified business use:

⋮ ⋮	%			S/L -				
⋮ ⋮	%			S/L -				
⋮ ⋮	%			S/L -				

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1

28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle				
					Yes	No	Yes	No	Yes
30 Total business/investment miles driven during the year (do not include commuting miles)									
31 Total commuting miles driven during the year									
32 Total other personal (noncommuting) miles driven									
33 Total miles driven during the year. Add lines 30 through 32									
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes
35 Was the vehicle used primarily by a more than 5% owner or related person?									
36 Is another vehicle available for personal use?									

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
-----------------------------	---------------------------------	---------------------------	---------------------	--	-----------------------------------

42 Amortization of costs that begins during your 2011 tax year:

CAPITALIZED BUSINESS	⋮ ⋮				
ASSET COSTS 2011	070111	██████████	██████████	██████████	██████████

43 Amortization of costs that began before your 2011 tax year

43

44 Total. Add amounts in column (f). See the instructions for where to report

44

FORM 1125-A

OTHER COSTS

STATEMENT

5

DESCRIPTION

AMOUNT

Schedule K-1
(Form 1065)

Department of the Treasury
Internal Revenue Service
For calendar year 2011, or tax
year beginning _____
ending _____

**Partner's Share of Income, Deductions,
Credits, etc.**

► See separate instructions.

2011

Final K-1

Amended K-1

OMB No. 1545-0099

Part I Information About the Partnership

A Partnership's employer identification number
[REDACTED]

B Partnership's name, address, city, state, and ZIP code

SDM HOLDING LLC
35 TOWER LANE
AVON, CT 06001

C IRS Center where partnership filed return

CINCINNATI, OH

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number
744

F Partner's name, address, city, state, and ZIP code

CARPENTER CHARITABLE TRUST
35 TOWER LANE
AVON, CT 06001

G General partner or LLC member-manager

Limited partner or other LLC member

H Domestic partner

Foreign partner

I What type of entity is this partner? **TRUST**

J Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	23.000000%	23.000000%
Loss	23.000000%	23.000000%
Capital	23.000000%	23.000000%

K Partner's share of liabilities at year end:

Nonrecourse	\$ [REDACTED]
Qualified nonrecourse financing	\$ [REDACTED]
Recourse	\$ [REDACTED]

L Partner's capital account analysis:

Beginning capital account	\$ [REDACTED]
Capital contributed during the year	\$ [REDACTED]
Current year increase (decrease)	\$ [REDACTED]
Withdrawals & distributions	\$ [REDACTED]
Ending capital account	\$ [REDACTED]

Tax basis GAAP S

Other (explain) _____

M Did the partner contribute property with a built-in gain or loss?

Yes No

If "Yes", attach statement (see instructions)

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1 Ordinary business income (loss)	5.	15 Credits
2 Net rental real estate income (loss)	[REDACTED]	16 Foreign transactions
3 Other net rental income (loss)	[REDACTED]	
4 Guaranteed payments	[REDACTED]	
5 Interest income	[REDACTED]	
6a Ordinary dividends	[REDACTED]	17 Alternative min tax (AMT) items
6b Qualified dividends	[REDACTED]	
7 Royalties	[REDACTED]	
8 Net short-term capital gain (loss)	[REDACTED]	18 Tax-exempt income and nondeductible expenses
9a Net long-term capital gain (loss)	[REDACTED]	
9b Collectibles (28%) gain (loss)	[REDACTED]	19 Distributions
9c Unrecaptured sec 1250 gain	[REDACTED]	
10 Net section 1231 gain (loss)	[REDACTED]	20 Other information
11 Other income (loss)	[REDACTED]	
12 Section 179 deduction	[REDACTED]	
13 Other deductions	[REDACTED]	
14 Self-employment earnings (loss)	[REDACTED]	

For IRS Use Only

*See attached statement for additional information.

Schedule K-1
(Form 1065)

Department of the Treasury
Internal Revenue Service
For calendar year 2011, or tax
year beginning _____
ending _____

**Partner's Share of Income, Deductions,
Credits, etc.**

► See separate instructions.

2011

Final K-1

Amended K-1

OMB No. 1545-0099

Part I Information About the Partnership

A Partnership's employer identification number
691

B Partnership's name, address, city, state, and ZIP code

**SDM HOLDING LLC
35 TOWER LANE
AVON, CT 06001**

C IRS Center where partnership filed return

CINCINNATI, OH

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number
96

F Partner's name, address, city, state, and ZIP code

**ALLIANCE CHARITABLE TRUST
35 TOWER LANE
AVON, CT 06001**

G General partner or LLC member-manager Limited partner or other LLC member

H Domestic partner Foreign partner

I What type of entity is this partner? **TRUST**

J Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	19.0000000%	19.0000000%
Loss	19.0000000%	19.0000000%
Capital	19.0000000%	19.0000000%

K Partner's share of liabilities at year end:

Nonrecourse	\$ _____
Qualified nonrecourse financing	\$ _____
Recourse	\$ _____

L Partner's capital account analysis:

Beginning capital account	\$ _____
Capital contributed during the year	\$ _____
Current year increase (decrease)	\$ _____
Withdrawals & distributions	\$ _____
Ending capital account	\$ _____

For IRS Use Only

Tax basis GAAP Section 704(b) book

Other (explain) _____

M Did the partner contribute property with a built-in gain or loss?

Yes No

If "Yes", attach statement (see instructions)

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1 Ordinary business income (loss)		15 Credits
2 Net rental real estate income (loss)		
3 Other net rental income (loss)		
4 Guaranteed payments		
5 Interest income		
6a Ordinary dividends		17 Alternative min tax (AMT) items
6b Qualified dividends		
7 Royalties		
8 Net short-term capital gain (loss)		18 Tax-exempt income and nondeductible expenses
9a Net long-term capital gain (loss)		
9b Collectibles (28%) gain (loss)		19 Distributions
9c Unrecaptured sec 1250 gain		
10 Net section 1231 gain (loss)		20 Other information
11 Other income (loss)		
12 Section 179 deduction		
13 Other deductions		
14 Self-employment earnings (loss)		

*See attached statement for additional information.

Schedule K-1
(Form 1065)

Department of the Treasury
Internal Revenue Service
For calendar year 2011, or tax
year beginning _____
ending _____

2011

**Partner's Share of Income, Deductions,
Credits, etc.**

► See separate instructions.

Final K-1

Amended K-1

OMB No. 1545-0099

Part I Information About the Partnership		Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items																									
<p>A Partnership's employer identification number 691</p> <p>B Partnership's name, address, city, state, and ZIP code SDM HOLDING LLC 35 TOWER LANE AVON, CT 06001</p> <p>C IRS Center where partnership filed return CINCINNATI, OH</p> <p>D <input type="checkbox"/> Check if this is a publicly traded partnership (PTP)</p>		<p>1 Ordinary business income (loss) [REDACTED] •</p> <p>2 Net rental real estate income (loss)</p> <p>3 Other net rental income (loss)</p> <p>4 Guaranteed payments</p> <p>5 Interest income</p> <p>6a Ordinary dividends</p> <p>6b Qualified dividends</p> <p>7 Royalties</p> <p>8 Net short-term capital gain (loss)</p> <p>9a Net long-term capital gain (loss)</p> <p>9b Collectibles (28%) gain (loss)</p> <p>9c Unrecaptured sec 1250 gain</p> <p>10 Net section 1231 gain (loss)</p> <p>11 Other income (loss)</p> <p>12 Section 179 deduction</p> <p>13 Other deductions</p> <p>14 Self-employment earnings (loss)</p>																									
<p>E Partner's identifying number 368</p> <p>F Partner's name, address, city, state, and ZIP code AVON TRUST 35 TOWER LANE AVON, CT 06001</p> <p>G <input type="checkbox"/> General partner or LLC member-manager <input checked="" type="checkbox"/> Domestic partner</p> <p>H <input type="checkbox"/> Limited partner or other LLC member <input type="checkbox"/> Foreign partner</p> <p>I What type of entity is this partner? TRUST</p> <p>J Partner's share of profit, loss, and capital: <table border="1"> <thead> <tr> <th style="text-align: left;">Beginning</th> <th style="text-align: right;">Ending</th> </tr> </thead> <tbody> <tr> <td>Profit 19.0000000%</td> <td style="text-align: right;">19.0000000%</td> </tr> <tr> <td>Loss 19.0000000%</td> <td style="text-align: right;">19.0000000%</td> </tr> <tr> <td>Capital 19.0000000%</td> <td style="text-align: right;">19.0000000%</td> </tr> </tbody> </table> </p> <p>K Partner's share of liabilities at year end: <table> <tr> <td>Nonrecourse</td> <td>\$ [REDACTED]</td> </tr> <tr> <td>Qualified nonrecourse financing</td> <td>\$ [REDACTED]</td> </tr> <tr> <td>Recourse</td> <td>\$ [REDACTED]</td> </tr> </table> </p> <p>L Partner's capital account analysis: <table> <tr> <td>Beginning capital account</td> <td>\$ [REDACTED]</td> </tr> <tr> <td>Capital contributed during the year</td> <td>\$ [REDACTED]</td> </tr> <tr> <td>Current year increase (decrease)</td> <td>\$ [REDACTED]</td> </tr> <tr> <td>Withdrawals & distributions</td> <td>\$ [REDACTED]</td> </tr> <tr> <td>Ending capital account</td> <td>\$ [REDACTED]</td> </tr> </table> </p> <p>M Did the partner contribute property with a built-in gain or loss? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If "Yes", attach statement (see instructions)</p>		Beginning	Ending	Profit 19.0000000%	19.0000000%	Loss 19.0000000%	19.0000000%	Capital 19.0000000%	19.0000000%	Nonrecourse	\$ [REDACTED]	Qualified nonrecourse financing	\$ [REDACTED]	Recourse	\$ [REDACTED]	Beginning capital account	\$ [REDACTED]	Capital contributed during the year	\$ [REDACTED]	Current year increase (decrease)	\$ [REDACTED]	Withdrawals & distributions	\$ [REDACTED]	Ending capital account	\$ [REDACTED]	<p>*See attached statement for additional information.</p> <p style="text-align: center;">For IRS Use Only</p>	
Beginning	Ending																										
Profit 19.0000000%	19.0000000%																										
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Ending capital account	\$ [REDACTED]																										

Schedule K-1
(Form 1065)

Department of the Treasury
Internal Revenue Service
For calendar year 2011, or tax
year beginning _____
ending _____

2011

**Partner's Share of Income, Deductions,
Credits, etc.**

► See separate instructions.

Final K-1

Amended K-1

OMB No. 1545-0099

Part I Information About the Partnership		Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items																									
<p>A Partnership's employer identification number 691</p> <p>B Partnership's name, address, city, state, and ZIP code SDM HOLDING LLC 35 TOWER LANE AVON, CT 06001</p> <p>C IRS Center where partnership filed return CINCINNATI, OH</p> <p>D <input type="checkbox"/> Check if this is a publicly traded partnership (PTP)</p>		<p>1 Ordinary business income (loss) [REDACTED] •</p> <p>2 Net rental real estate income (loss)</p> <p>3 Other net rental income (loss)</p> <p>4 Guaranteed payments</p> <p>5 Interest income</p> <p>6a Ordinary dividends</p> <p>6b Qualified dividends</p> <p>7 Royalties</p> <p>8 Net short-term capital gain (loss)</p> <p>9a Net long-term capital gain (loss)</p> <p>9b Collectibles (28%) gain (loss)</p> <p>9c Unrecaptured sec 1250 gain</p> <p>10 Net section 1231 gain (loss)</p> <p>11 Other income (loss)</p> <p>12 Section 179 deduction</p> <p>13 Other deductions</p> <p>14 Self-employment earnings (loss)</p>																									
<p>E Partner's identifying number 247</p> <p>F Partner's name, address, city, state, and ZIP code ATLANTIC TRUST 35 TOWER LANE AVON, CT 06001</p> <p>G <input type="checkbox"/> General partner or LLC member-manager <input checked="" type="checkbox"/> Domestic partner</p> <p>H <input type="checkbox"/> Limited partner or other LLC member <input type="checkbox"/> Foreign partner</p> <p>I What type of entity is this partner? TRUST</p> <p>J Partner's share of profit, loss, and capital: <table border="1"> <thead> <tr> <th style="text-align: left;">Beginning</th> <th style="text-align: right;">Ending</th> </tr> </thead> <tbody> <tr> <td>Profit 19.0000000%</td> <td style="text-align: right;">19.0000000%</td> </tr> <tr> <td>Loss 19.0000000%</td> <td style="text-align: right;">19.0000000%</td> </tr> <tr> <td>Capital 19.0000000%</td> <td style="text-align: right;">19.0000000%</td> </tr> </tbody> </table> </p> <p>K Partner's share of liabilities at year end: <table> <tr> <td>Nonrecourse</td> <td>\$ [REDACTED]</td> </tr> <tr> <td>Qualified nonrecourse financing</td> <td>\$ [REDACTED]</td> </tr> <tr> <td>Recourse</td> <td>\$ [REDACTED]</td> </tr> </table> </p> <p>L Partner's capital account analysis: <table> <tr> <td>Beginning capital account</td> <td>\$ [REDACTED]</td> </tr> <tr> <td>Capital contributed during the year</td> <td>\$ [REDACTED]</td> </tr> <tr> <td>Current year increase (decrease)</td> <td>\$ [REDACTED]</td> </tr> <tr> <td>Withdrawals & distributions</td> <td>\$ [REDACTED]</td> </tr> <tr> <td>Ending capital account</td> <td>\$ [REDACTED]</td> </tr> </table> </p> <p>M Did the partner contribute property with a built-in gain or loss? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If "Yes", attach statement (see instructions)</p>		Beginning	Ending	Profit 19.0000000%	19.0000000%	Loss 19.0000000%	19.0000000%	Capital 19.0000000%	19.0000000%	Nonrecourse	\$ [REDACTED]	Qualified nonrecourse financing	\$ [REDACTED]	Recourse	\$ [REDACTED]	Beginning capital account	\$ [REDACTED]	Capital contributed during the year	\$ [REDACTED]	Current year increase (decrease)	\$ [REDACTED]	Withdrawals & distributions	\$ [REDACTED]	Ending capital account	\$ [REDACTED]	<p>*See attached statement for additional information.</p> <p style="text-align: center;">For IRS Use Only</p>	
Beginning	Ending																										
Profit 19.0000000%	19.0000000%																										
Loss 19.0000000%	19.0000000%																										
Capital 19.0000000%	19.0000000%																										
Nonrecourse	\$ [REDACTED]																										
Qualified nonrecourse financing	\$ [REDACTED]																										
Recourse	\$ [REDACTED]																										
Beginning capital account	\$ [REDACTED]																										
Capital contributed during the year	\$ [REDACTED]																										
Current year increase (decrease)	\$ [REDACTED]																										
Withdrawals & distributions	\$ [REDACTED]																										
Ending capital account	\$ [REDACTED]																										

Schedule K-1
(Form 1065)

Department of the Treasury
Internal Revenue Service
For calendar year 2011, or tax
year beginning _____
ending _____

**Partner's Share of Income, Deductions,
Credits, etc.**

► See separate instructions.

2011

Final K-1

Amended K-1

OMB No. 1545-0099

Part I Information About the Partnership											
A Partnership's employer identification number 691	1 Ordinary business income (loss) [REDACTED]										
B Partnership's name, address, city, state, and ZIP code SDM HOLDING LLC 35 TOWER LANE AVON, CT 06001	2 Net rental real estate income (loss) 3 Other net rental income (loss)										
C IRS Center where partnership filed return CINCINNATI, OH	4 Guaranteed payments 5 Interest income										
D <input type="checkbox"/> Check if this is a publicly traded partnership (PTP)	6a Ordinary dividends 6b Qualified dividends 7 Royalties 8 Net short-term capital gain (loss)										
Part II Information About the Partner											
E Partner's identifying number 774	9a Net long-term capital gain (loss) 9b Collectibles (28%) gain (loss)										
F Partner's name, address, city, state, and ZIP code PHOENIX CHARITABLE TRUST 35 TOWER LANE AVON, CT 06001	9c Unrecaptured sec 1250 gain 10 Net section 1231 gain (loss) 11 Other income (loss) 12 Section 179 deduction 13 Other deductions										
G <input type="checkbox"/> General partner or LLC member-manager <input checked="" type="checkbox"/> Domestic partner	14 Self-employment earnings (loss)										
H <input checked="" type="checkbox"/> Foreign partner											
I What type of entity is this partner? TRUST											
J Partner's share of profit, loss, and capital: <table border="1"> <thead> <tr> <th style="text-align: center;">Beginning</th> <th style="text-align: center;">Ending</th> </tr> </thead> <tbody> <tr> <td>Profit 19.0000000%</td> <td>19.0000000%</td> </tr> <tr> <td>Loss 19.0000000%</td> <td>19.0000000%</td> </tr> <tr> <td>Capital 19.0000000%</td> <td>19.0000000%</td> </tr> </tbody> </table>	Beginning	Ending	Profit 19.0000000%	19.0000000%	Loss 19.0000000%	19.0000000%	Capital 19.0000000%	19.0000000%			
Beginning	Ending										
Profit 19.0000000%	19.0000000%										
Loss 19.0000000%	19.0000000%										
Capital 19.0000000%	19.0000000%										
K Partner's share of liabilities at year end: <table> <tr> <td>Nonrecourse</td> <td>\$ [REDACTED]</td> </tr> <tr> <td>Qualified nonrecourse financing</td> <td>\$ [REDACTED]</td> </tr> <tr> <td>Recourse</td> <td>\$ [REDACTED]</td> </tr> </table>	Nonrecourse	\$ [REDACTED]	Qualified nonrecourse financing	\$ [REDACTED]	Recourse	\$ [REDACTED]	*See attached statement for additional information.				
Nonrecourse	\$ [REDACTED]										
Qualified nonrecourse financing	\$ [REDACTED]										
Recourse	\$ [REDACTED]										
L Partner's capital account analysis: <table> <tr> <td>Beginning capital account</td> <td>\$ [REDACTED]</td> </tr> <tr> <td>Capital contributed during the year</td> <td>\$ [REDACTED]</td> </tr> <tr> <td>Current year increase (decrease)</td> <td>\$ [REDACTED]</td> </tr> <tr> <td>Withdrawals & distributions</td> <td>\$ [REDACTED]</td> </tr> <tr> <td>Ending capital account</td> <td>\$ [REDACTED]</td> </tr> </table>	Beginning capital account	\$ [REDACTED]	Capital contributed during the year	\$ [REDACTED]	Current year increase (decrease)	\$ [REDACTED]	Withdrawals & distributions	\$ [REDACTED]	Ending capital account	\$ [REDACTED]	For IRS Use Only
Beginning capital account	\$ [REDACTED]										
Capital contributed during the year	\$ [REDACTED]										
Current year increase (decrease)	\$ [REDACTED]										
Withdrawals & distributions	\$ [REDACTED]										
Ending capital account	\$ [REDACTED]										
M Did the partner contribute property with a built-in gain or loss? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", attach statement (see instructions)											
<input checked="" type="checkbox"/> Tax basis <input type="checkbox"/> GAAP <input type="checkbox"/> Section 704(b) book <input type="checkbox"/> Other (explain) _____											

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items	
1 Ordinary business income (loss) [REDACTED]	15 Credits
2 Net rental real estate income (loss)	16 Foreign transactions
3 Other net rental income (loss)	
4 Guaranteed payments	
5 Interest income	
6a Ordinary dividends	17 Alternative min tax (AMT) items
6b Qualified dividends	
7 Royalties	
8 Net short-term capital gain (loss)	18 Tax-exempt income and nondeductible expenses
9a Net long-term capital gain (loss)	
9b Collectibles (28%) gain (loss)	19 Distributions
9c Unrecaptured sec 1250 gain	
10 Net section 1231 gain (loss)	20 Other information
11 Other income (loss)	
12 Section 179 deduction	
13 Other deductions	
14 Self-employment earnings (loss)	

1065Form
Department of the Treasury
Internal Revenue Service**U.S. Return of Partnership Income**

OMB No. 1545-0099

For calendar year 2012, or tax year beginning _____, ending _____.

2012

A Principal business activity	Name of partnership SDM HOLDINGS HOLDING LLC	D Employer identification number [REDACTED] 691
FINANCIAL	B Principal product or service Number, street, and room or suite no. If a P.O. box, see the instructions. 35 TOWER LANE	E Date business started 01/01/2010
INVESTMENTS	City or town, state, and ZIP code AVON CT 06001	F Total assets \$ [REDACTED]
C Business code number 523900		
G Check applicable boxes: (1) <input checked="" type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change (5) <input type="checkbox"/> Amended return (6) <input checked="" type="checkbox"/> Technical termination - also check (1) or (2)		
H Check accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ► 6		
J Check if Schedules C and M-3 are attached		

Caution. Include only trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1 a Gross receipts or sales	1a [REDACTED] •	
	b Returns and allowances	1b [REDACTED]	1c [REDACTED]
	c Balance. Subtract line 1b from line 1a		2 [REDACTED]
	2 Cost of goods sold (attach Form 1125-A)		3 [REDACTED]
	3 Gross profit. Subtract line 2 from line 1c		4 [REDACTED]
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)		5 [REDACTED]
	5 Net farm profit (loss) (attach Schedule F (Form 1040))		6 [REDACTED]
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)		7 [REDACTED]
7 Other income (loss) (attach statement)		8 [REDACTED]	
8 Total income (loss). Combine lines 3 through 7			
9 Salaries and wages (other than to partners) (less employment credits)		9 [REDACTED]	
10 Guaranteed payments to partners		10 [REDACTED]	
11 Repairs and maintenance		11 [REDACTED]	
12 Bad debts		12 [REDACTED]	
13 Rent		13 [REDACTED]	
14 Taxes and licenses		14 [REDACTED]	
15 Interest		15 [REDACTED]	
16 a Depreciation (if required, attach Form 4562)	16a [REDACTED]		
b Less depreciation reported on Form 1125-A and elsewhere on return	16b [REDACTED]	16c [REDACTED]	
17 Depletion (Do not deduct oil and gas depletion.)		17 [REDACTED]	
18 Retirement plans, etc.		18 [REDACTED]	
19 Employee benefit programs		19 [REDACTED]	
20 Other deductions (attach statement)	SEE STATEMENT 1	20 [REDACTED]	
21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20		21 [REDACTED]	
22 Ordinary business income (loss). Subtract line 21 from line 8		22 [REDACTED]	

Deductions (see the instructions for limitations)	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) is based on all information of which preparer has any knowledge.		
	May the IRS discuss this return with the preparer shown below (see instr.)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Sign Here	Signature of general partner or limited liability company member manager			Date
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
				[REDACTED] 005
	Firm's name ► SIMIONE MACCA & LARROW, LLP			Firm's EIN ► [REDACTED] 075
	Firm's address ► 4130 WHITNEY AVENUE HAMDEN, CT 06518			Phone no. 203-281-0540

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **1065** (2012)

Schedule B Other Information

1 What type of entity is filing this return? Check the applicable box:						Yes	No
a <input type="checkbox"/>	Domestic general partnership	b <input checked="" type="checkbox"/>	Domestic limited partnership				
c <input type="checkbox"/>	Domestic limited liability company	d <input type="checkbox"/>	Domestic limited liability partnership				
e <input type="checkbox"/>	Foreign partnership	f <input type="checkbox"/>	Other ►				
2 At any time during the tax year, was any partner in the partnership a disregarded entity, a partnership (including an entity treated as a partnership), a trust, an S corporation, an estate (other than an estate of a deceased partner), or a nominee or similar person?						X	
3 At the end of the tax year:							
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership						X
b	Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership						X
4 At the end of the tax year, did the partnership:							
a	Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below						X
(i) Name of Corporation			(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock		
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below							X
(i) Name of Entity			(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital	
5 Did the partnership file Form 8893, Election of Partnership Level Tax Treatment, or an election statement under section 6231(a)(1)(B)(ii) for partnership-level tax treatment, that is in effect for this tax year? See Form 8893 for more details						Yes	No
X							
6 Does the partnership satisfy all four of the following conditions?							
a	The partnership's total receipts for the tax year were less than \$250,000.						
b	The partnership's total assets at the end of the tax year were less than \$ 1 million.						
c	Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.						
d	The partnership is not filing and is not required to file Schedule M-3						X
If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; Item F on page 1 of Form 1065; or Item L on Schedule K-1.							
7 Is this partnership a publicly traded partnership as defined in section 469(k)(2)?							X
8 During the tax year, did the partnership have any debt that was cancelled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?							X
9 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?							X
10 At any time during calendar year 2012, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country. ►							X

Schedule B Other Information (continued)

	Yes	No
11 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
12a Is the partnership making, or had it previously made (and not revoked), a section 754 election? See instructions for details regarding a section 754 election.	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
b Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
c Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
13 Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly-owned by the partnership throughout the tax year) ► <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
14 At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
15 If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, enter the number of Forms 8858 attached. See instructions ►	<input type="checkbox"/>	<input type="checkbox"/>
16 Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership. ►	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
17 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return. ►	<input type="checkbox"/>	<input type="checkbox"/>
18a Did you make any payments in 2012 that would require you to file Form(s) 1099? See instructions	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
b If "Yes," did you or will you file required Form(s) 1099?	<input type="checkbox"/>	<input type="checkbox"/>
19 Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return. ►	<input type="checkbox"/>	<input type="checkbox"/>
20 Enter the number of partners that are foreign governments under section 892. ►	<input type="checkbox"/>	<input type="checkbox"/>

Designation of Tax Matters Partner (see instructions)

Enter below the general partner or member-manager designated as the tax matters partner (TMP) for the tax year of this return:

Name of designated TMP ►	Identifying number of TMP ►
If the TMP is an entity, name of TMP representative ►	Phone number of TMP ►
Address of designated TMP ►	_____

Schedule K Partners' Distributive Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	1	05.
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3 a Other gross rental income (loss)	3a	
	b Expenses from other rental activities (attach statement)	3b	
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4 Guaranteed payments	4	
	5 Interest income	5	
	6 Dividends: a Ordinary dividends	6a	
	b Qualified dividends	6b	
	7 Royalties	7	
	8 Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	
9 a Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a		
b Collectibles (28%) gain (loss)	9b		
c Unrecaptured section 1250 gain (attach statement)	9c		
10 Net section 1231 gain (loss) (attach Form 4797)	10		
11 Other income (loss) (see instructions) Type ►	11		
Deductions	12 Section 179 deduction (attach Form 4562)	12	
	13 a Contributions	13a	
	b Investment interest expense	13b	
	c Section 59(e)(2) expenditures: (1) Type ► (2) Amount ►	13c(2)	
Self-Employment	13 d Other deductions (see instructions) Type ►	13d	
	14 a Net earnings (loss) from self-employment	14a	
	b Gross farming or fishing income	14b	
Credits	c Gross nonfarm income	14c	
	15 a Low-income housing credit (section 42(j)(5))	15a	
	b Low-income housing credit (other)	15b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	15c	
	d Other rental real estate credits (see instructions) Type ►	15d	
	e Other rental credits (see instructions) Type ►	15e	
Foreign Transactions	f Other credits (see instructions) Type ►	15f	
	16 a Name of country or U.S. possession ►	16b	
	b Gross income from all sources	16c	
	c Gross income sourced at partner level		
	Foreign gross income sourced at partnership level		
	d Passive category ► e General category ... ► f Other ►	16f	
	Deductions allocated and apportioned at partner level		
	g Interest expense ► h Other ►	16h	
	Deductions allocated and apportioned at partnership level to foreign source income		
	i Passive category ► j General category ... ► k Other ►	16k	
l Total foreign taxes (check one): ► Paid <input type="checkbox"/> Accrued <input type="checkbox"/>	16l		
m Reduction in taxes available for credit (attach statement)	16m		
n Other foreign tax information (attach statement)			
Alternative Minimum Tax (AMT) Items	17 a Post-1986 depreciation adjustment	17a	
	b Adjusted gain or loss	17b	
	c Depletion (other than oil and gas)	17c	
	d Oil, gas, and geothermal properties - gross income	17d	
	e Oil, gas, and geothermal properties - deductions	17e	
	f Other AMT items (attach statement)	17f	
Other Information	18 a Tax-exempt interest income	18a	
	b Other tax-exempt income	18b	
	c Nondeductible expenses	18c	
	19 a Distributions of cash and marketable securities	19a	
	b Distributions of other property	19b	
	20 a Investment income	20a	
b Investment expenses	20b		
c Other items and amounts (attach statement)			

Analysis of Net Income (Loss)

1 Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 16l	1	
2 Analysis by partner type:	(i) Corporate	(ii) Individual (active)
a General partners		(iii) Individual (passive)
b Limited partners		(iv) Partnership

Schedule L Balance Sheets per Books

Assets	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
1 Cash				
2a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (attach statement)				
7a Loans to partners (or persons related to partners)				
b Mortgage and real estate loans				
8 Other investments (attach statement)				
9a Buildings and other depreciable assets				
b Less accumulated depreciation				
10a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)				
12a Intangible assets (amortizable only)				
b Less accumulated amortization				
13 Other assets (attach statement)				
14 Total assets				
Liabilities and Capital				
15 Accounts payable				
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities (attach statement)				
18 All nonrecourse loans				
19a Loans from partners (or persons related to partners)				
b Mortgages, notes, bonds payable in 1 year or more				
20 Other liabilities (attach statement)				
21 Partners' capital accounts				
22 Total liabilities and capital				

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note. Schedule M-3 may be required instead of Schedule M-1 (see instructions).

1 Net income (loss) per books		6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		a Tax-exempt interest \$ _____	
3 Guaranteed payments (other than health insurance)		7 Deductions included on Schedule K, lines 1 through 13d, and 16l, not charged against book income this year (itemize):	
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16l (itemize):		a Depreciation \$ _____	
a Depreciation \$ _____		8 Add lines 6 and 7	
b Travel and entertainment \$ _____		9 Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	
5 Add lines 1 through 4			

Schedule M-2 Analysis of Partners' Capital Accounts

1 Balance at beginning of year		6 Distributions: a Cash	
2 Capital contributed: a Cash		b Property	
b Property		7 Other decreases (itemize):	
3 Net income (loss) per books		8 Add lines 6 and 7	
4 Other increases (itemize):		9 Balance at end of year. Subtract line 8 from line 5	
5 Add lines 1 through 4			

Cost of Goods Sold

OMB No. 1545-2225

► Attach to Form 1120, 1120-C, 1120-F, 1120S, 1065, or 1065-B.
 ► Information about Form 1125-A and its instructions is at www.irs.gov/form1125a.

Name	Employer identification number
SDM HOLDINGS HOLDING LLC	[REDACTED] 91
1 Inventory at beginning of year	1
2 Purchases	2
3 Cost of labor	3
4 Additional section 263A costs (attach schedule)	4
5 Other costs (attach schedule)	5
SEE STATEMENT 5	[REDACTED]
6 Total. Add lines 1 through 5	6
7 Inventory at end of year	7
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return (see instructions)	8
[REDACTED]	
9a Check all methods used for valuing closing inventory:	
(i) <input type="checkbox"/> Cost	[REDACTED]
(ii) <input type="checkbox"/> Lower of cost or market	[REDACTED]
(iii) <input type="checkbox"/> Other (Specify method used and attach explanation) ► _____	[REDACTED]
[REDACTED]	
b Check if there was a writedown of subnormal goods	► <input type="checkbox"/>
c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970)	► <input type="checkbox"/>
d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO	9d
e If property is produced or acquired for resale, do the rules of Section 263A apply to the corporation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
f Was there any change in determining quantities, cost, or valuations between opening and closing inventory?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If "Yes," attach explanation.	

For Paperwork Reduction Act Notice, see separate instructions.

Form 1125-A (Rev. 12-2012)

Depreciation and Amortization
(Including Information on Listed Property) OTHER

2012

Attachment
Sequence No. 179

► See separate instructions. ► Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

SDM HOLDINGS HOLDING LLC

691

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1
2 Total cost of section 179 property placed in service (see instructions)	2
3 Threshold cost of section 179 property before reduction in limitation	3
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost	

7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12 ► 13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2012	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ► <input type="checkbox"/>		

Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		27.5 yrs.	MM	S/L	
	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year			12 yrs.		S/L
c 40-year	/		40 yrs.	MM	S/L

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.		
Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
---	----------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use

25

26 Property used more than 50% in a qualified business use:

⋮ ⋮	%							
⋮ ⋮	%							
⋮ ⋮	%							

27 Property used 50% or less in a qualified business use:

⋮ ⋮	%			S/L -				
⋮ ⋮	%			S/L -				
⋮ ⋮	%			S/L -				

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1

28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle				
					Yes	No	Yes	No	Yes
30 Total business/investment miles driven during the year (do not include commuting miles)									
31 Total commuting miles driven during the year									
32 Total other personal (noncommuting) miles driven									
33 Total miles driven during the year. Add lines 30 through 32									
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes
35 Was the vehicle used primarily by a more than 5% owner or related person?									
36 Is another vehicle available for personal use?									

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
-----------------------------	---------------------------------	---------------------------	---------------------	--	-----------------------------------

42 Amortization of costs that begins during your 2012 tax year:

CAPITALIZED BUSINESS	⋮ ⋮				
ASSET COSTS 2012	070112	██████████		180M	██████████

43 Amortization of costs that began before your 2012 tax year

43

44 Total. Add amounts in column (f). See the instructions for where to report

44

FORM 1065

OTHER DEDUCTIONS

STATEMENT

1

[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]		
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]		
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]		
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

FORM 1065

PARTNERS' CAPITAL ACCOUNT SUMMARY

STATEMENT 4

PARTNER NUMBER	BEGINNING CAPITAL	CAPITAL CONTRIBUTED	SCHEDULE M-2 LNS 3, 4 & 7	WITHDRAWALS	ENDING CAPITAL
1	[REDACTED]		[REDACTED]		[REDACTED]
2	[REDACTED]		[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]		[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]		[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]		[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]		[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]	_____	[REDACTED]	[REDACTED]	[REDACTED]

FORM 1125-A

OTHER COSTS

STATEMENT

5

DESCRIPTION

AMOUNT



Schedule K-1
(Form 1065)

Department of the Treasury
Internal Revenue Service
For calendar year 2012, or tax
year beginning _____
ending _____

2012

**Partner's Share of Income, Deductions,
Credits, etc.**

► See separate instructions.

Part I Information About the Partnership	
A Partnership's employer identification number 691	1 Ordinary business income (loss) [REDACTED]
B Partnership's name, address, city, state, and ZIP code SDM HOLDINGS HOLDING LLC 35 TOWER LANE AVON, CT 06001	2 Net rental real estate income (loss) 3 Other net rental income (loss)
C IRS Center where partnership filed return CINCINNATI, OH	4 Guaranteed payments 5 Interest income
D <input type="checkbox"/> Check if this is a publicly traded partnership (PTP)	6a Ordinary dividends 6b Qualified dividends 7 Royalties 8 Net short-term capital gain (loss)
Part II Information About the Partner	
E Partner's identifying number 744	9a Net long-term capital gain (loss) 9b Collectibles (28%) gain (loss)
F Partner's name, address, city, state, and ZIP code INTER CHARITABLE TRUST 35 TOWER LANE AVON, CT 06001	9c Unrecaptured sec 1250 gain 10 Net section 1231 gain (loss) 11 Other income (loss) 12 Section 179 deduction 13 Other deductions 14 Self-employment earnings (loss)
G <input type="checkbox"/> General partner or LLC member-manager <input checked="" type="checkbox"/> Domestic partner	<input checked="" type="checkbox"/> Limited partner or other LLC member <input type="checkbox"/> Foreign partner
I1 What type of entity is this partner? TRUST	
I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here <input type="checkbox"/>	
J Partner's share of profit, loss, and capital:	
Beginning	Ending
Profit 23.000000%	23.000000%
Loss 23.000000%	23.000000%
Capital 23.000000%	23.000000%
K Partner's share of liabilities at year end:	
Nonrecourse	\$ [REDACTED]
Qualified nonrecourse financing	\$ [REDACTED]
Recourse	\$ [REDACTED]
L Partner's capital account analysis:	
Beginning capital account	\$ [REDACTED]
Capital contributed during the year	\$ [REDACTED]
Current year increase (decrease)	\$ [REDACTED]
Withdrawals & distributions	\$ [REDACTED]
Ending capital account	\$ [REDACTED]
<input checked="" type="checkbox"/> Tax basis	<input type="checkbox"/> GAAP
<input type="checkbox"/> Other (explain)	
M Did the partner contribute property with a built-in gain or loss?	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If "Yes", attach statement (see instructions)	

Final K-1 Amended K-1 OMB No. 1545-0099

**Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items**

1 Ordinary business income (loss) [REDACTED]	15 Credits
2 Net rental real estate income (loss)	
3 Other net rental income (loss)	
4 Guaranteed payments	
5 Interest income	
6a Ordinary dividends	
6b Qualified dividends	
7 Royalties	
8 Net short-term capital gain (loss)	
9a Net long-term capital gain (loss)	
9b Collectibles (28%) gain (loss)	
9c Unrecaptured sec 1250 gain	
10 Net section 1231 gain (loss)	
11 Other income (loss)	
12 Section 179 deduction	
13 Other deductions	
14 Self-employment earnings (loss)	

*See attached statement for additional information.

For IRS Use Only

Schedule K-1
(Form 1065)

Department of the Treasury
Internal Revenue Service
For calendar year 2012, or tax
year beginning _____
ending _____

2012

 Final K-1 Amended K-1

OMB No. 1545-0099

**Partner's Share of Income, Deductions,
Credits, etc.**

► See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number
691

B Partnership's name, address, city, state, and ZIP code

SDM HOLDINGS HOLDING LLC
35 TOWER LANE
AVON, CT 06001

C IRS Center where partnership filed return

CINCINNATI, OH

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number
208

F Partner's name, address, city, state, and ZIP code

CAROLINE FINANCIAL GROUP
35 TOWER LANE
AVON, CT 06001

G General partner or LLC member-manager Limited partner or other LLC member

H Domestic partner Foreign partner

I1 What type of entity is this partner? CORPORATION

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here

J Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	1.0000000%	1.0000000%
Loss	1.0000000%	1.0000000%
Capital	1.0000000%	1.0000000%

K Partner's share of liabilities at year end:

Nonrecourse \$ _____
Qualified nonrecourse financing \$ _____
Recourse \$ _____

L Partner's capital account analysis:

Beginning capital account \$ _____
Capital contributed during the year \$ _____
Current year increase (decrease) \$ _____
Withdrawals & distributions \$(_____
Ending capital account \$ _____

For IRS Use Only

Tax basis GAAP Section 704(b) book
 Other (explain) _____

M Did the partner contribute property with a built-in gain or loss?

Yes No

If "Yes", attach statement (see instructions)

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1 Ordinary business income (loss)		15 Credits
2 Net rental real estate income (loss)		
3 Other net rental income (loss)		
4 Guaranteed payments		
5 Interest income		
6a Ordinary dividends		
6b Qualified dividends		
7 Royalties		
8 Net short-term capital gain (loss)		
9a Net long-term capital gain (loss)		
9b Collectibles (28%) gain (loss)		
9c Unrecaptured sec 1250 gain		
10 Net section 1231 gain (loss)		
11 Other income (loss)		
12 Section 179 deduction		
13 Other deductions		
14 Self-employment earnings (loss)		

*See attached statement for additional information.

Schedule K-1
(Form 1065)

Department of the Treasury
Internal Revenue Service

For calendar year 2012, or tax

year beginning _____
ending _____

2012

**Partner's Share of Income, Deductions,
Credits, etc.**

► See separate instructions.

Final K-1

Amended K-1

OMB No. 1545-0099

**Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items**

Part I Information About the Partnership

A Partnership's employer identification number
691

B Partnership's name, address, city, state, and ZIP code

SDM HOLDINGS HOLDING LLC
35 TOWER LANE
AVON, CT 06001

C IRS Center where partnership filed return

CINCINNATI, OH

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number
96

F Partner's name, address, city, state, and ZIP code

ALLIANCE CHARITABLE TRUST
35 TOWER LANE
AVON, CT 06001

G General partner or LLC member-manager Limited partner or other LLC member

H Domestic partner Foreign partner

I1 What type of entity is this partner? **TRUST**

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here

J Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	19.0000000%	19.0000000%
Loss	19.0000000%	19.0000000%
Capital	19.0000000%	19.0000000%

K Partner's share of liabilities at year end:

Nonrecourse \$

Qualified nonrecourse financing \$

Recourse \$

L Partner's capital account analysis:

Beginning capital account \$

Capital contributed during the year \$

Current year increase (decrease) \$

Withdrawals & distributions \$()

Ending capital account \$

1 Ordinary business income (loss) **[REDACTED]**

15 Credits

2 Net rental real estate income (loss) **[REDACTED]**

16 Foreign transactions

3 Other net rental income (loss) **[REDACTED]**

4 Guaranteed payments **[REDACTED]**

5 Interest income **[REDACTED]**

6a Ordinary dividends **[REDACTED]**

17 Alternative min tax (AMT) items

6b Qualified dividends **[REDACTED]**

7 Royalties **[REDACTED]**

8 Net short-term capital gain (loss) **[REDACTED]**

18 Tax-exempt income and
nondeductible expenses

9a Net long-term capital gain (loss) **[REDACTED]**

9b Collectibles (28%) gain (loss) **[REDACTED]**

19 Distributions

9c Unrecaptured sec 1250 gain **[REDACTED]**

20 Other information

10 Net section 1231 gain (loss) **[REDACTED]**

11 Other income (loss) **[REDACTED]**

12 Section 179 deduction **[REDACTED]**

13 Other deductions **[REDACTED]**

14 Self-employment earnings (loss) **[REDACTED]**

*See attached statement for additional information.

For IRS Use Only

Tax basis

GAAP

Section 704(b) book

Other (explain)

M Did the partner contribute property with a built-in gain or loss?

Yes

No

If "Yes", attach statement (see instructions)

Schedule K-1
(Form 1065)

Department of the Treasury
Internal Revenue Service
For calendar year 2012, or tax
year beginning _____
ending _____

**Partner's Share of Income, Deductions,
Credits, etc.**

► See separate instructions.

2012

Final K-1

Amended K-1

OMB No. 1545-0099

Part I Information About the Partnership		Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items																			
A Partnership's employer identification number 691	B Partnership's name, address, city, state, and ZIP code SDM HOLDINGS HOLDING LLC 35 TOWER LANE AVON, CT 06001	1 Ordinary business income (loss) [REDACTED]	15 Credits																		
C IRS Center where partnership filed return CINCINNATI, OH	D <input type="checkbox"/> Check if this is a publicly traded partnership (PTP)	2 Net rental real estate income (loss)	16 Foreign transactions																		
E Partner's identifying number 368	F Partner's name, address, city, state, and ZIP code AVON TRUST 35 TOWER LANE AVON, CT 06001	3 Other net rental income (loss)	17 Alternative min tax (AMT) items																		
G <input type="checkbox"/> General partner or LLC member-manager <input checked="" type="checkbox"/> Domestic partner	H <input checked="" type="checkbox"/> Limited partner or other LLC member <input type="checkbox"/> Foreign partner	4 Guaranteed payments	18 Tax-exempt income and nondeductible expenses																		
I1 What type of entity is this partner? TRUST	I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here <input type="checkbox"/>	9a Net long-term capital gain (loss)	19 Distributions																		
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	Beginning	Ending																			
Profit	19.0000000%	19.0000000%																			
Loss	19.0000000%	19.0000000%																			
Capital	19.0000000%	19.0000000%																			
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Beginning capital account	\$ [REDACTED]																				
Capital contributed during the year	\$ [REDACTED]																				
Current year increase (decrease)	\$ [REDACTED]																				
Withdrawals & distributions	\$ [REDACTED]																				
Ending capital account	\$ [REDACTED]																				
If "Yes", attach statement (see instructions)		10 Net section 1231 gain (loss)	12 Section 179 deduction																		
		13 Other deductions	14 Self-employment earnings (loss)																		
		*See attached statement for additional information.																			
		For IRS Use Only																			
<input checked="" type="checkbox"/> Tax basis <input type="checkbox"/> GAAP <input type="checkbox"/> Section 704(b) book <input type="checkbox"/> Other (explain) _____																					

Schedule K-1
(Form 1065)

Department of the Treasury
Internal Revenue Service

For calendar year 2012, or tax

year beginning _____
ending _____

2012

**Partner's Share of Income, Deductions,
Credits, etc.**

► See separate instructions.

Part I Information About the Partnership		Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items													
<p>A Partnership's employer identification number 691</p>		1 Ordinary business income (loss) XXXXXXXXXX 15 Credits													
<p>B Partnership's name, address, city, state, and ZIP code SDM HOLDINGS HOLDING LLC 35 TOWER LANE AVON, CT 06001</p>		2 Net rental real estate income (loss) XXXXXXXXXX													
<p>C IRS Center where partnership filed return CINCINNATI, OH</p>		3 Other net rental income (loss) XXXXXXXXXX													
<p>D <input type="checkbox"/> Check if this is a publicly traded partnership (PTP)</p>		4 Guaranteed payments XXXXXXXXXX													
		5 Interest income XXXXXXXXXX													
		6a Ordinary dividends XXXXXXXXXX 17 Alternative min tax (AMT) items													
		6b Qualified dividends XXXXXXXXXX													
		7 Royalties XXXXXXXXXX													
		8 Net short-term capital gain (loss) XXXXXXXXXX 18 Tax-exempt income and nondeductible expenses													
		9a Net long-term capital gain (loss) XXXXXXXXXX													
<p>E Partner's identifying number 774</p>		9b Collectibles (28%) gain (loss) 19 Distributions													
<p>F Partner's name, address, city, state, and ZIP code PHOENIX CHARITABLE TRUST 35 TOWER LANE AVON, CT 06001</p>		9c Unrecaptured sec 1250 gain XXXXXXXXXX 20 Other information													
<p>G <input type="checkbox"/> General partner or LLC member-manager <input checked="" type="checkbox"/> Limited partner or other LLC member <input checked="" type="checkbox"/> Domestic partner <input type="checkbox"/> Foreign partner</p>		10 Net section 1231 gain (loss) XXXXXXXXXX													
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<p>I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here <input type="checkbox"/></p>		12 Section 179 deduction XXXXXXXXXX													
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	Beginning	Ending													
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Beginning capital account	\$ XXXXXXXXXX														
Capital contributed during the year	\$ XXXXXXXXXX														
Current year increase (decrease)	\$ XXXXXXXXXX														
Withdrawals & distributions	\$ XXXXXXXXXX														
Ending capital account	\$ XXXXXXXXXX														
<p>M Did the partner contribute property with a built-in gain or loss?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If "Yes", attach statement (see instructions)</p>															

1065Form
Department of the Treasury
Internal Revenue Service**U.S. Return of Partnership Income**

OMB No. 1545-0099

For calendar year 2013, or tax year beginning _____, _____, ending _____, _____.

2013

A Principal business activity	Name of partnership	D Employer identification number
FINANCIAL	SDM HOLDINGS LLC	691
B Principal product or service	Number, street, and room or suite no. If a P.O. box, see the instructions.	E Date business started
INVESTMENTS	35 TOWER LANE	01/01/2010
C Business code number	City or town, state or province, country, and ZIP or foreign postal code	F Total assets
523900	AVON CT 06001	\$ [REDACTED]
G Check applicable boxes: (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change (5) <input type="checkbox"/> Amended return (6) <input type="checkbox"/> Technical termination - also check (1) or (2)		
H Check accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ► 6		
J Check if Schedules C and M-3 are attached		

Caution. Include only trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1 a Gross receipts or sales	1a [REDACTED] •	
	b Returns and allowances	1b [REDACTED]	
	c Balance. Subtract line 1b from line 1a	1c [REDACTED]	
	2 Cost of goods sold (attach Form 1125-A)	2 [REDACTED]	
	3 Gross profit. Subtract line 2 from line 1c	3 [REDACTED]	
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)	4 [REDACTED]	
	5 Net farm profit (loss) (attach Schedule F (Form 1040))	5 [REDACTED]	
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)	6 [REDACTED]	
7 Other income (loss) (attach statement)	7 [REDACTED]		
8 Total income (loss). Combine lines 3 through 7	8 [REDACTED]		
9 Salaries and wages (other than to partners) (less employment credits)	9 [REDACTED]		
10 Guaranteed payments to partners	10 [REDACTED]		
11 Repairs and maintenance	11 [REDACTED]		
12 Bad debts	12 [REDACTED]		
13 Rent	13 [REDACTED]		
14 Taxes and licenses	14 [REDACTED]		
15 Interest	15 [REDACTED]		
16 a Depreciation (if required, attach Form 4562)	16a [REDACTED]		
b Less depreciation reported on Form 1125-A and elsewhere on return	16b [REDACTED] 16c		
17 Depletion (Do not deduct oil and gas depletion.)	17 [REDACTED]		
18 Retirement plans, etc.	18 [REDACTED]		
19 Employee benefit programs	19 [REDACTED]		
20 Other deductions (attach statement)	SEE STATEMENT 1 [REDACTED]		
21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20	21 [REDACTED]		
22 Ordinary business income (loss). Subtract line 21 from line 8	22 [REDACTED]		

Deductions (see the instructions for limitations)	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) is based on all information of which preparer has any knowledge.		
	May the IRS discuss this return with the preparer shown below (see instr.)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Sign Here	Signature of general partner or limited liability company member manager ► Date		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) is based on all information of which preparer has any knowledge.		
	May the IRS discuss this return with the preparer shown below (see instr.)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	Firm's name ► SIMIONE MACCA & LARROW, LLP		Check <input type="checkbox"/> if self-employed
	Firm's address ► 4130 WHITNEY AVENUE HAMDEN, CT 06518		PTIN [REDACTED] 05
		Firm's EIN ► [REDACTED] 75	
		Phone no. 203-281-0540	

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **1065** (2013)

Schedule B Other Information

1 What type of entity is filing this return? Check the applicable box:						Yes	No
a <input type="checkbox"/>	Domestic general partnership	b <input checked="" type="checkbox"/>	Domestic limited partnership				
c <input type="checkbox"/>	Domestic limited liability company	d <input type="checkbox"/>	Domestic limited liability partnership				
e <input type="checkbox"/>	Foreign partnership	f <input type="checkbox"/>	Other ►				
2 At any time during the tax year, was any partner in the partnership a disregarded entity, a partnership (including an entity treated as a partnership), a trust, an S corporation, an estate (other than an estate of a deceased partner), or a nominee or similar person?						X	
3 At the end of the tax year:							
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership						X
b	Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership						X
4 At the end of the tax year, did the partnership:							
a	Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below						X
(i) Name of Corporation			(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock		
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below							X
(i) Name of Entity			(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital	
5 Did the partnership file Form 8893, Election of Partnership Level Tax Treatment, or an election statement under section 6231(a)(1)(B)(ii) for partnership-level tax treatment, that is in effect for this tax year? See Form 8893 for more details						Yes	No
X							
6 Does the partnership satisfy all four of the following conditions?							
a	The partnership's total receipts for the tax year were less than \$250,000.						
b	The partnership's total assets at the end of the tax year were less than \$ 1 million.						
c	Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.						
d	The partnership is not filing and is not required to file Schedule M-3						X
If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; Item F on page 1 of Form 1065; or Item L on Schedule K-1.							
7 Is this partnership a publicly traded partnership as defined in section 469(k)(2)?							X
8 During the tax year, did the partnership have any debt that was cancelled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?							X
9 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?							X
10 At any time during calendar year 2013, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) (formerly TD F 90-22.1). If "Yes," enter the name of the foreign country. ►							X

Schedule B Other Information (continued)

	Yes	No
11 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
12a Is the partnership making, or had it previously made (and not revoked), a section 754 election? See instructions for details regarding a section 754 election.	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
b Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
c Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
13 Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly-owned by the partnership throughout the tax year) ► <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
15 If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, enter the number of Forms 8858 attached. See instructions ►	<input type="checkbox"/>	<input type="checkbox"/>
16 Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership. ►	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
17 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return. ►	<input type="checkbox"/>	<input type="checkbox"/>
18a Did you make any payments in 2013 that would require you to file Form(s) 1099? See instructions	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
b If "Yes," did you or will you file required Form(s) 1099?	<input type="checkbox"/>	<input type="checkbox"/>
19 Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return. ►	<input type="checkbox"/>	<input type="checkbox"/>
20 Enter the number of partners that are foreign governments under section 892. ►	<input type="checkbox"/>	<input type="checkbox"/>

Designation of Tax Matters Partner (see instructions)

Enter below the general partner or member-manager designated as the tax matters partner (TMP) for the tax year of this return:

Name of designated TMP ►	Identifying number of TMP ►
If the TMP is an entity, name of TMP representative ►	Phone number of TMP ►
Address of designated TMP ►	_____

Schedule K Partners' Distributive Share Items		Total amount		
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	1		
	2 Net rental real estate income (loss) (attach Form 8825)	2		
	3 a Other gross rental income (loss)	3a		
	b Expenses from other rental activities (attach statement)	3b		
	c Other net rental income (loss). Subtract line 3b from line 3a	3c		
	4 Guaranteed payments	4		
	5 Interest income	5		
	6 Dividends: a Ordinary dividends	6a		
	b Qualified dividends	6b		
	7 Royalties	7		
	8 Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8		
9 a Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a			
b Collectibles (28%) gain (loss)	9b			
c Unrecaptured section 1250 gain (attach statement)	9c			
10 Net section 1231 gain (loss) (attach Form 4797)	10			
11 Other income (loss) (see instructions) Type ►	11			
Deductions	12 Section 179 deduction (attach Form 4562)	12		
	13 a Contributions	13a		
	b Investment interest expense	13b		
	c Section 59(e)(2) expenditures: (1) Type ► (2) Amount ►	13c(2)		
Self-Employment	d Other deductions (see instructions) Type ►	13d		
	14 a Net earnings (loss) from self-employment	14a		
	b Gross farming or fishing income	14b		
c Gross nonfarm income	14c			
Credits	15 a Low-income housing credit (section 42(j)(5))	15a		
	b Low-income housing credit (other)	15b		
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	15c		
	d Other rental real estate credits (see instructions) Type ►	15d		
	e Other rental credits (see instructions) Type ►	15e		
	f Other credits (see instructions) Type ►	15f		
Foreign Transactions	16 a Name of country or U.S. possession ►	16b		
	b Gross income from all sources	16c		
	c Gross income sourced at partner level			
	Foreign gross income sourced at partnership level			
	d Passive category ►	e General category ... ►	f Other	16f
	Deductions allocated and apportioned at partner level			
	g Interest expense ►	h Other	►	16h
	Deductions allocated and apportioned at partnership level to foreign source income			
	i Passive category ►	j General category ... ►	k Other	16k
	l Total foreign taxes (check one): ► Paid <input type="checkbox"/> Accrued <input type="checkbox"/>			16l
	m Reduction in taxes available for credit (attach statement)			16m
n Other foreign tax information (attach statement)				
Alternative Minimum Tax (AMT) Items	17 a Post-1986 depreciation adjustment	17a		
	b Adjusted gain or loss	17b		
	c Depletion (other than oil and gas)	17c		
	d Oil, gas, and geothermal properties - gross income	17d		
	e Oil, gas, and geothermal properties - deductions	17e		
	f Other AMT items (attach statement)	17f		
Other Information	18 a Tax-exempt interest income	18a		
	b Other tax-exempt income	18b		
	c Nondeductible expenses	18c		
	19 a Distributions of cash and marketable securities	19a		
	b Distributions of other property	19b		
	20 a Investment income	20a		
b Investment expenses	20b			
c Other items and amounts (attach statement)				

Analysis of Net Income (Loss)

1 Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 16l	1		
2 Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)
a General partners			(iv) Partnership
b Limited partners			(v) Exempt Organization

Schedule L Balance Sheets per Books

Assets	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
1 Cash				
2a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (attach statement)				
7a Loans to partners (or persons related to partners)				
b Mortgage and real estate loans				
8 Other investments (attach statement)				
9a Buildings and other depreciable assets				
b Less accumulated depreciation				
10a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)				
12a Intangible assets (amortizable only)				
b Less accumulated amortization				
13 Other assets (attach statement)				
14 Total assets				
Liabilities and Capital				
15 Accounts payable				
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities (attach statement)				
18 All nonrecourse loans				
19a Loans from partners (or persons related to partners)				
b Mortgages, notes, bonds payable in 1 year or more				
20 Other liabilities (attach statement)				
21 Partners' capital accounts				
22 Total liabilities and capital				

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note. Schedule M-3 may be required instead of Schedule M-1 (see instructions).

1 Net income (loss) per books		6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		a Tax-exempt interest \$ _____	
3 Guaranteed payments (other than health insurance)		7 Deductions included on Schedule K, lines 1 through 13d, and 16l, not charged against book income this year (itemize):	
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16l (itemize):		a Depreciation \$ _____	
a Depreciation \$ _____		8 Add lines 6 and 7	
b Travel and entertainment \$ _____		9 Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	
5 Add lines 1 through 4			

Schedule M-2 Analysis of Partners' Capital Accounts

1 Balance at beginning of year		6 Distributions: a Cash	
2 Capital contributed: a Cash		b Property	
b Property		7 Other decreases (itemize):	
3 Net income (loss) per books		8 Add lines 6 and 7	
4 Other increases (itemize):		9 Balance at end of year. Subtract line 8 from line 5	
5 Add lines 1 through 4			

Cost of Goods Sold

OMB No. 1545-2225

► Attach to Form 1120, 1120-C, 1120-F, 1120S, 1065, or 1065-B.
 ► Information about Form 1125-A and its instructions is at www.irs.gov/form1125a.

Name	Employer identification number
SDM HOLDINGS LLC	691
1 Inventory at beginning of year	1
2 Purchases	2
3 Cost of labor	3
4 Additional section 263A costs (attach schedule)	4
5 Other costs (attach schedule)	5
6 Total. Add lines 1 through 5	SEE STATEMENT 5
7 Inventory at end of year	6
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return (see instructions)	7
9a Check all methods used for valuing closing inventory:	8
(i) <input type="checkbox"/> Cost	
(ii) <input type="checkbox"/> Lower of cost or market	
(iii) <input type="checkbox"/> Other (Specify method used and attach explanation) ► _____	
b Check if there was a writedown of subnormal goods	► <input type="checkbox"/>
c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970)	► <input type="checkbox"/>
d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO	9d
e If property is produced or acquired for resale, do the rules of Section 263A apply to the corporation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
f Was there any change in determining quantities, cost, or valuations between opening and closing inventory?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If "Yes," attach explanation.	

For Paperwork Reduction Act Notice, see separate instructions.

Form 1125-A (Rev. 12-2012)

Form 4562

OMB No. 1545-0172

Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property) OTHER

2013

Attachment
Sequence No. 179

Name(s) shown on return

Business or activity to which this form relates

Identifying number

SDM HOLDINGS LLC

691

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1
2 Total cost of section 179 property placed in service (see instructions)	2
3 Threshold cost of section 179 property before reduction in limitation	3
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost	

7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 ► 13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2013	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ► <input type="checkbox"/>		

Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		27.5 yrs.	MM	S/L	
	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year			12 yrs.		S/L
c 40-year	/		40 yrs.	MM	S/L

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use

25

26 Property used more than 50% in a qualified business use:

⋮ ⋮	%							
⋮ ⋮	%							
⋮ ⋮	%							

27 Property used 50% or less in a qualified business use:

⋮ ⋮	%			S/L -				
⋮ ⋮	%			S/L -				
⋮ ⋮	%			S/L -				

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1

28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle				
					Yes	No	Yes	No	Yes
30 Total business/investment miles driven during the year (do not include commuting miles)									
31 Total commuting miles driven during the year									
32 Total other personal (noncommuting) miles driven									
33 Total miles driven during the year. Add lines 30 through 32									
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes
35 Was the vehicle used primarily by a more than 5% owner or related person?									
36 Is another vehicle available for personal use?									

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
-----------------------------	---------------------------------	---------------------------	---------------------	--	-----------------------------------

42 Amortization of costs that begins during your 2013 tax year:

CAPITALIZED BUSINESS	⋮ ⋮				
ASSET COSTS 2013	070113	██████████		180M	██████████

43 Amortization of costs that began before your 2013 tax year

43

44 Total. Add amounts in column (f). See the instructions for where to report

44

FORM 1065

OTHER DEDUCTIONS

STATEMENT

1

[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]		
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]		
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]		
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

FORM 1065

PARTNERS' CAPITAL ACCOUNT SUMMARY

STATEMENT 4

PARTNER NUMBER	BEGINNING CAPITAL	CAPITAL CONTRIBUTED	SCHEDULE M-2 LNS 3, 4 & 7	WITHDRAWALS	ENDING CAPITAL
1	[REDACTED]		[REDACTED]		[REDACTED]
2	[REDACTED]		[REDACTED]		[REDACTED]
3	[REDACTED]		[REDACTED]		[REDACTED]
4	[REDACTED]		[REDACTED]		[REDACTED]
5	[REDACTED]		[REDACTED]		[REDACTED]
6	[REDACTED]		[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

FORM 1125-A

OTHER COSTS

STATEMENT

5

DESCRIPTION

AMOUNT

DIRECT COSTS CAPITALIZED




Schedule K-1
(Form 1065)

For calendar year 2013, or tax
year beginning _____
Internal Revenue Service ending _____

2013

**Partner's Share of Income, Deductions,
Credits, etc.**

► See separate instructions.

Part I Information About the Partnership		Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items																													
<p>A Partnership's employer identification number 691</p> <p>B Partnership's name, address, city, state, and ZIP code SDM HOLDINGS LLC 35 TOWER LANE AVON, CT 06001</p> <p>C IRS Center where partnership filed return CINCINNATI, OH</p> <p>D <input type="checkbox"/> Check if this is a publicly traded partnership (PTP)</p>		<p>1 Ordinary business income (loss) [REDACTED] 15 Credits</p> <p>2 Net rental real estate income (loss) 16 Foreign transactions</p> <p>3 Other net rental income (loss)</p> <p>4 Guaranteed payments</p> <p>5 Interest income</p> <p>6a Ordinary dividends 17 Alternative min tax (AMT) items</p> <p>6b Qualified dividends</p> <p>7 Royalties</p> <p>8 Net short-term capital gain (loss) 18 Tax-exempt income and nondeductible expenses</p> <p>9a Net long-term capital gain (loss)</p> <p>9b Collectibles (28%) gain (loss) 19 Distributions</p> <p>9c Unrecaptured sec 1250 gain 20 Other information</p> <p>10 Net section 1231 gain (loss)</p> <p>11 Other income (loss)</p> <p>12 Section 179 deduction</p> <p>13 Other deductions</p> <p>14 Self-employment earnings (loss)</p>																													
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Schedule K-1
(Form 1065)

Department of the Treasury
Internal Revenue Service
For calendar year 2013, or tax
year beginning _____
ending _____

2013

 Final K-1

 Amended K-1

OMB No. 1545-0099

**Partner's Share of Income, Deductions,
Credits, etc.**

► See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number
91

B Partnership's name, address, city, state, and ZIP code

SDM HOLDINGS LLC
35 TOWER LANE
AVON, CT 06001

C IRS Center where partnership filed return

CINCINNATI, OH

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number
208

F Partner's name, address, city, state, and ZIP code

CAROLINE FINANCIAL GROUP
35 TOWER LANE
AVON, CT 06001

G General partner or LLC member-manager Limited partner or other LLC member

H Domestic partner Foreign partner

I1 What type of entity is this partner? **CORPORATION**

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here

J Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	1.0000000%	1.0000000%
Loss	1.0000000%	1.0000000%
Capital	1.0000000%	1.0000000%

K Partner's share of liabilities at year end:

Nonrecourse	\$	
Qualified nonrecourse financing	\$	
Recourse	\$	

L Partner's capital account analysis:

Beginning capital account	\$	
Capital contributed during the year	\$	
Current year increase (decrease)	\$	
Withdrawals & distributions	\$()	
Ending capital account	\$	

For IRS Use Only

Tax basis GAAP Section 704(b) book

Other (explain)

M Did the partner contribute property with a built-in gain or loss?

Yes No

If "Yes", attach statement (see instructions)

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1 Ordinary business income (loss)		15 Credits
2 Net rental real estate income (loss)		
3 Other net rental income (loss)		
4 Guaranteed payments		
5 Interest income		
6a Ordinary dividends		17 Alternative min tax (AMT) items
6b Qualified dividends		
7 Royalties		
8 Net short-term capital gain (loss)		18 Tax-exempt income and nondeductible expenses
9a Net long-term capital gain (loss)		
9b Collectibles (28%) gain (loss)		19 Distributions
9c Unrecaptured sec 1250 gain		
10 Net section 1231 gain (loss)		20 Other information
11 Other income (loss)		
12 Section 179 deduction		
13 Other deductions		
14 Self-employment earnings (loss)		

*See attached statement for additional information.

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► See separate instructions.

Final K-1

Amended K-1

OMB No. 1545-0099

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► See separate instructions.

Part I Information About the Partnership		Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items																												
<p>A Partnership's employer identification number 691</p> <p>B Partnership's name, address, city, state, and ZIP code SDM HOLDINGS LLC 35 TOWER LANE AVON, CT 06001</p> <p>C IRS Center where partnership filed return CINCINNATI, OH</p> <p>D <input type="checkbox"/> Check if this is a publicly traded partnership (PTP)</p>		<p>1 Ordinary business income (loss) [REDACTED] 15 Credits</p> <p>2 Net rental real estate income (loss) [REDACTED] 16 Foreign transactions</p> <p>3 Other net rental income (loss) [REDACTED]</p> <p>4 Guaranteed payments [REDACTED]</p> <p>5 Interest income [REDACTED]</p> <p>6a Ordinary dividends [REDACTED] 17 Alternative min tax (AMT) items</p> <p>6b Qualified dividends [REDACTED]</p> <p>7 Royalties [REDACTED]</p> <p>8 Net short-term capital gain (loss) [REDACTED] 18 Tax-exempt income and nondeductible expenses</p> <p>9a Net long-term capital gain (loss) [REDACTED]</p> <p>9b Collectibles (28%) gain (loss) [REDACTED] 19 Distributions</p> <p>9c Unrecaptured sec 1250 gain [REDACTED] 20 Other information</p> <p>10 Net section 1231 gain (loss) [REDACTED]</p> <p>11 Other income (loss) [REDACTED]</p> <p>12 Section 179 deduction [REDACTED]</p> <p>13 Other deductions [REDACTED]</p> <p>14 Self-employment earnings (loss) [REDACTED]</p>																												
<p>E Partner's identifying number 774</p> <p>F Partner's name, address, city, state, and ZIP code PHOENIX CHARITABLE TRUST 35 TOWER LANE AVON, CT 06001</p> <p>G <input type="checkbox"/> General partner or LLC member-manager <input checked="" type="checkbox"/> Limited partner or other LLC member <input checked="" type="checkbox"/> Domestic partner <input type="checkbox"/> Foreign partner</p> <p>I1 What type of entity is this partner? TRUST</p> <p>I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here <input type="checkbox"/></p> <p>J Partner's share of profit, loss, and capital:</p> <table border="1"> <thead> <tr> <th></th> <th style="text-align: center;">Beginning</th> <th style="text-align: center;">Ending</th> </tr> </thead> <tbody> <tr> <td>Profit</td> <td style="text-align: right;">19.0000000%</td> <td style="text-align: right;">19.0000000%</td> </tr> <tr> <td>Loss</td> <td style="text-align: right;">19.0000000%</td> <td style="text-align: right;">19.0000000%</td> </tr> <tr> <td>Capital</td> <td style="text-align: right;">19.0000000%</td> <td style="text-align: right;">19.0000000%</td> </tr> </tbody> </table> <p>K Partner's share of liabilities at year end:</p> <table border="1"> <tbody> <tr> <td>Nonrecourse</td> <td style="text-align: right;">\$ [REDACTED]</td> </tr> <tr> <td>Qualified nonrecourse financing</td> <td style="text-align: right;">\$ [REDACTED]</td> </tr> <tr> <td>Recourse</td> <td style="text-align: right;">\$ [REDACTED]</td> </tr> </tbody> </table> <p>L Partner's capital account analysis:</p> <table border="1"> <tbody> <tr> <td>Beginning capital account</td> <td style="text-align: right;">\$ [REDACTED]</td> </tr> <tr> <td>Capital contributed during the year</td> <td style="text-align: right;">\$ [REDACTED]</td> </tr> <tr> <td>Current year increase (decrease)</td> <td style="text-align: right;">\$ [REDACTED]</td> </tr> <tr> <td>Withdrawals & distributions</td> <td style="text-align: right;">\$ ([REDACTED])</td> </tr> <tr> <td>Ending capital account</td> <td style="text-align: right;">\$ [REDACTED]</td> </tr> </tbody> </table> <p>M Did the partner contribute property with a built-in gain or loss?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If "Yes", attach statement (see instructions)</p>			Beginning	Ending	Profit	19.0000000%	19.0000000%	Loss	19.0000000%	19.0000000%	Capital	19.0000000%	19.0000000%	Nonrecourse	\$ [REDACTED]	Qualified nonrecourse financing	\$ [REDACTED]	Recourse	\$ [REDACTED]	Beginning capital account	\$ [REDACTED]	Capital contributed during the year	\$ [REDACTED]	Current year increase (decrease)	\$ [REDACTED]	Withdrawals & distributions	\$ ([REDACTED])	Ending capital account	\$ [REDACTED]	<p>*See attached statement for additional information.</p> <p>For IRS Use Only</p>
	Beginning	Ending																												
Profit	19.0000000%	19.0000000%																												
Loss	19.0000000%	19.0000000%																												
Capital	19.0000000%	19.0000000%																												
Nonrecourse	\$ [REDACTED]																													
Qualified nonrecourse financing	\$ [REDACTED]																													
Recourse	\$ [REDACTED]																													
Beginning capital account	\$ [REDACTED]																													
Capital contributed during the year	\$ [REDACTED]																													
Current year increase (decrease)	\$ [REDACTED]																													
Withdrawals & distributions	\$ ([REDACTED])																													
Ending capital account	\$ [REDACTED]																													

1065

Form
Department of the Treasury
Internal Revenue Service

U.S. Return of Partnership Income

OMB No. 1545-0123

For calendar year 2014, or tax year beginning _____, _____, ending _____.

2014

A Principal business activity

FINANCIAL

B Principal product or service

INVESTMENTS

C Business code number

523900

Type or Print	Name of partnership SDM HOLDINGS LLC
	Number, street, and room or suite no. If a P.O. box, see the instructions. 35 TOWER LANE
	City or town, state or province, country, and ZIP or foreign postal code AVON CT 06001

D Employer identification number
91E Date business started
01/01/2010F Total assets
\$ **[REDACTED]**

- G Check applicable boxes: (1) Initial return (2) Final return (3) Name change (4) Address change (5) Amended return
(6) Technical termination - also check (1) or (2)
- H Check accounting method: (1) Cash (2) Accrual (3) Other (specify) ►
- I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ► **6**
- J Check if Schedules C and M-3 are attached

Caution. Include **only** trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1 a Gross receipts or sales	1a [REDACTED]	1c 2 3 4 5 6 7 8 [REDACTED]
	b Returns and allowances	1b [REDACTED]	
	c Balance. Subtract line 1b from line 1a		
	2 Cost of goods sold (attach Form 1125-A)		
	3 Gross profit. Subtract line 2 from line 1c		
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)		
	5 Net farm profit (loss) (attach Schedule F (Form 1040))		
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)		
7 Other income (loss) (attach statement)		9 10 11 12 13 14 15 [REDACTED]	
8 Total income (loss). Combine lines 3 through 7			
9 Salaries and wages (other than to partners) (less employment credits)			
10 Guaranteed payments to partners			
11 Repairs and maintenance			
12 Bad debts			
13 Rent			
14 Taxes and licenses			
15 Interest			
16 a Depreciation (if required, attach Form 4562)	16a [REDACTED]		
b Less depreciation reported on Form 1125-A and elsewhere on return	16b [REDACTED]		
17 Depletion (Do not deduct oil and gas depletion.)	17 [REDACTED]		
18 Retirement plans, etc.	18 [REDACTED]		
19 Employee benefit programs	19 [REDACTED]		
20 Other deductions (attach statement)	20 [REDACTED]		
21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20	21 [REDACTED]		
22 Ordinary business income (loss). Subtract line 21 from line 8	22 [REDACTED]		

SEE STATEMENT 1

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) is based on all information of which preparer has any knowledge.	
	Signature of general partner or limited liability company member manager ► Date [REDACTED]	

May the IRS discuss this return
with the preparer shown below
(see instr.)? Yes No

Paid Preparer Use Only	Print/Type preparer's name RONALD LARROW, CPA	Preparer's signature RONALD LARROW, CPA	Date	Check <input type="checkbox"/> if self-employed	PTIN [REDACTED]
	Firm's name ► SIMIONE MACCA & LARROW, LLP			Firm's EIN ► [REDACTED]	
	Firm's address ► 4130 WHITNEY AVENUE HAMDEN, CT 06518			Phone no.	203-281-0540

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 1065 (2014)

Schedule B Other Information

1 What type of entity is filing this return? Check the applicable box:	Yes	No																																													
a <input type="checkbox"/> Domestic general partnership b <input type="checkbox"/> Domestic limited partnership																																															
c <input checked="" type="checkbox"/> Domestic limited liability company d <input type="checkbox"/> Domestic limited liability partnership																																															
e <input type="checkbox"/> Foreign partnership f <input type="checkbox"/> Other ►																																															
2 At any time during the tax year, was any partner in the partnership a disregarded entity, a partnership (including an entity treated as a partnership), a trust, an S corporation, an estate (other than an estate of a deceased partner), or a nominee or similar person?	X																																														
3 At the end of the tax year:																																															
a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership	X																																														
b Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership	X																																														
4 At the end of the tax year, did the partnership:																																															
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below	X																																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 2px;">(i) Name of Corporation</th> <th style="text-align: left; padding: 2px;">(ii) Employer Identification Number (if any)</th> <th style="text-align: left; padding: 2px;">(iii) Country of Incorporation</th> <th style="text-align: left; padding: 2px;">(iv) Percentage Owned in Voting Stock</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock																																										
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b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X																																													
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(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital																																											
5 Did the partnership file Form 8893, Election of Partnership Level Tax Treatment, or an election statement under section 6231(a)(1)(B)(ii) for partnership-level tax treatment, that is in effect for this tax year? See Form 8893 for more details	X																																														
6 Does the partnership satisfy all four of the following conditions?																																															
a The partnership's total receipts for the tax year were less than \$250,000.																																															
b The partnership's total assets at the end of the tax year were less than \$ 1 million.																																															
c Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.																																															
d The partnership is not filing and is not required to file Schedule M-3	X																																														
If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; Item F on page 1 of Form 1065; or Item L on Schedule K-1.																																															
7 Is this partnership a publicly traded partnership as defined in section 469(k)(2)?	X																																														
8 During the tax year, did the partnership have any debt that was cancelled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?	X																																														
9 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?	X																																														
10 At any time during calendar year 2014, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country. ►	X																																														

Schedule B Other Information (continued)

	Yes	No
11 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions		X
12a Is the partnership making, or had it previously made (and not revoked), a section 754 election? See instructions for details regarding a section 754 election.		X
b Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
c Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
13 Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year). ► <input type="checkbox"/>		
14 At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		X
15 If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, enter the number of Forms 8858 attached. See instructions ►		
16 Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership. ►		X
17 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return. ►		
18a Did you make any payments in 2014 that would require you to file Form(s) 1099? See instructions		X
b If "Yes," did you or will you file required Form(s) 1099?		
19 Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return. ►		
20 Enter the number of partners that are foreign governments under section 892. ►		

Designation of Tax Matters Partner (see instructions)

Enter below the general partner or member-manager designated as the tax matters partner (TMP) for the tax year of this return:

Name of designated TMP ►	Identifying number of TMP ►
If the TMP is an entity, name of TMP representative ►	Phone number of TMP ►
Address of designated TMP ►	

Schedule K Partners' Distributive Share Items		Total amount
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	1
	2 Net rental real estate income (loss) (attach Form 8825)	2
	3 a Other gross rental income (loss)	3a
	b Expenses from other rental activities (attach statement)	3b
	c Other net rental income (loss). Subtract line 3b from line 3a	3c
	4 Guaranteed payments	4
	5 Interest income	5
	6 Dividends: a Ordinary dividends	6a
	b Qualified dividends	6b
	7 Royalties	7
	8 Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8
Deductions	9 a Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a
	b Collectibles (28%) gain (loss)	9b
	c Unrecaptured section 1250 gain (attach statement)	9c
	10 Net section 1231 gain (loss) (attach Form 4797)	10
Self-Employment	11 Other income (loss) (see instructions) Type ►	11
	12 Section 179 deduction (attach Form 4562)	12
	13 a Contributions	13a
	b Investment interest expense	13b
Credits	c Section 59(e)(2) expenditures: (1) Type ►	(2) Amount ► 13c(2)
	d Other deductions (see instructions) Type ►	13d
	14 a Net earnings (loss) from self-employment	14a
Foreign Transactions	b Gross farming or fishing income	14b
	c Gross nonfarm income	14c
	15 a Low-income housing credit (section 42(j)(5))	15a
	b Low-income housing credit (other)	15b
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	15c
	d Other rental real estate credits (see instructions) Type ►	15d
Alternative Minimum Tax (AMT) Items	e Other rental credits (see instructions) Type ►	15e
	f Other credits (see instructions) Type ►	15f
	16 a Name of country or U.S. possession ►	16a
	b Gross income from all sources	16b
	c Gross income sourced at partner level	16c
Other Information	Foreign gross income sourced at partnership level	
	d Passive category ► e General category ... ►	f Other ► 16f
	Deductions allocated and apportioned at partner level	
	g Interest expense ►	h Other ► 16h
	Deductions allocated and apportioned at partnership level to foreign source income	
	i Passive category ► j General category ... ►	k Other ► 16k
	l Total foreign taxes (check one): ► Paid <input type="checkbox"/> Accrued <input type="checkbox"/>	16l
	m Reduction in taxes available for credit (attach statement)	16m
	n Other foreign tax information (attach statement)	
	17 a Post-1986 depreciation adjustment	17a
Other Information	b Adjusted gain or loss	17b
	c Depletion (other than oil and gas)	17c
	d Oil, gas, and geothermal properties - gross income	17d
	e Oil, gas, and geothermal properties - deductions	17e
	f Other AMT items (attach statement)	17f
	18 a Tax-exempt interest income	18a
Other Information	b Other tax-exempt income	18b
	c Nondeductible expenses	18c
	19 a Distributions of cash and marketable securities	19a
	b Distributions of other property	19b
	20 a Investment income	20a
Other Information	b Investment expenses	20b
	c Other items and amounts (attach statement)	

Analysis of Net Income (Loss)

1 Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 16l	1		
2 Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)
a General partners			(iv) Partnership
b Limited partners			(v) Exempt Organization

Schedule L Balance Sheets per Books

Assets	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
1 Cash				
2a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (attach statement)				
7a Loans to partners (or persons related to partners)				
b Mortgage and real estate loans				
8 Other investments (attach statement)				
9a Buildings and other depreciable assets				
b Less accumulated depreciation				
10a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)				
12a Intangible assets (amortizable only)				
b Less accumulated amortization				
13 Other assets (attach statement)				
14 Total assets				
Liabilities and Capital				
15 Accounts payable				
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities (attach statement)				
18 All nonrecourse loans				
19a Loans from partners (or persons related to partners)				
b Mortgages, notes, bonds payable in 1 year or more				
20 Other liabilities (attach statement)				
21 Partners' capital accounts				
22 Total liabilities and capital				

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note. The partnership may be required to file Schedule M-3 (see instructions).

1 Net income (loss) per books		6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		a Tax-exempt interest \$ _____	
3 Guaranteed payments (other than health insurance)		7 Deductions included on Schedule K, lines 1 through 13d, and 16l, not charged against book income this year (itemize):	
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16l (itemize):		a Depreciation \$ _____	
a Depreciation \$ _____		8 Add lines 6 and 7	
b Travel and entertainment \$ _____		9 Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	
5 Add lines 1 through 4			

Schedule M-2 Analysis of Partners' Capital Accounts

1 Balance at beginning of year		6 Distributions: a Cash	
2 Capital contributed: a Cash		b Property	
b Property		7 Other decreases (itemize):	
3 Net income (loss) per books		8 Add lines 6 and 7	
4 Other increases (itemize):		9 Balance at end of year. Subtract line 8 from line 5	
5 Add lines 1 through 4			

Cost of Goods Sold

► Attach to Form 1120, 1120-C, 1120-F, 1120S, 1065, or 1065-B.
 ► Information about Form 1125-A and its instructions is at www.irs.gov/form1125a.

Name

Employer Identification number

SDM HOLDINGS LLC

91

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return (see instructions)	8	

9a Check all methods used for valuing closing inventory:

- (i) Cost
- (ii) Lower of cost or market
- (iii) Other (Specify method used and attach explanation) ►

b Check if there was a writedown of subnormal goods

►

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970)

►

d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO

9d

e If property is produced or acquired for resale, do the rules of Section 263A apply to the corporation?

 Yes No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory?

 Yes No

If "Yes," attach explanation.

For Paperwork Reduction Act Notice, see separate instructions.

Form 1125-A (Rev. 12-2012)

Form **4562****Depreciation and Amortization**
(Including Information on Listed Property)

OTHER

OMB No. 1545-0172

2014Attachment
Sequence No. **179**Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Business or activity to which this form relates

Identifying number

SDM HOLDINGS LLC**91****Part I** Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1
2 Total cost of section 179 property placed in service (see instructions)	2
3 Threshold cost of section 179 property before reduction in limitation	3
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5
6 (a) Description of property	(b) Cost (business use only)
7 Listed property. Enter the amount from line 29	7
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8
9 Tentative deduction. Enter the smaller of line 5 or line 8	9
10 Carryover of disallowed deduction from line 13 of your 2013 Form 4562	10
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12
13 Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12 ►	13

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14
15 Property subject to section 168(f)(1) election	15
16 Other depreciation (including ACRS)	16

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2014	17
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ►	<input type="checkbox"/>

Section B - Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year			12 yrs.		S/L
c 40-year	/		40 yrs.	MM	S/L

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23

Part V

Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------	---	----------------------------	---	------------------------	--------------------------	-------------------------------	---------------------------------

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use **25**

26 Property used more than 50% in a qualified business use:

⋮ ⋮	%							
⋮ ⋮	%							
⋮ ⋮	%							

27 Property used 50% or less in a qualified business use:

⋮ ⋮	%			S/L -			
⋮ ⋮	%			S/L -			
⋮ ⋮	%			S/L -			

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29**

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle						
						Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)											
31 Total commuting miles driven during the year											
32 Total other personal (noncommuting) miles driven.....											
33 Total miles driven during the year. Add lines 30 through 32											
34 Was the vehicle available for personal use during off-duty hours?											
35 Was the vehicle used primarily by a more than 5% owner or related person?											
36 Is another vehicle available for personal use?											

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2014 tax year:					
CAPITALIZED BUSINESS	⋮ ⋮				
ASSET COSTS 2014	070114				
43 Amortization of costs that began before your 2014 tax year				43	
44 Total. Add amounts in column (f). See the instructions for where to report				44	

[REDACTED]	[REDACTED]	[REDACTED]
TOTAL TO SCHEDULE L, LINE 17	[REDACTED]	[REDACTED]

FORM 1065

PARTNERS' CAPITAL ACCOUNT SUMMARY

STATEMENT 4

PARTNER NUMBER	BEGINNING CAPITAL	CAPITAL CONTRIBUTED	SCHEDULE M-2 LNS 3, 4 & 7	WITH- DRAWALS	ENDING CAPITAL
1	[REDACTED]		[REDACTED]		[REDACTED].
2	[REDACTED]		[REDACTED]		[REDACTED]
3	[REDACTED]		[REDACTED]		[REDACTED]
4	-[REDACTED]		[REDACTED]		[REDACTED]
5	[REDACTED]		[REDACTED]		[REDACTED]
6	[REDACTED]		[REDACTED]		[REDACTED]
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Schedule K-1
(Form 1065)

For calendar year 2014, or tax
year beginning _____
Internal Revenue Service
ending _____

**Partner's Share of Income, Deductions,
Credits, etc.**

► See separate instructions.

2014

Final K-1

Amended K-1

OMB No. 1545-0123

**Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items**

Part I Information About the Partnership

A Partnership's employer identification number
91

B Partnership's name, address, city, state, and ZIP code

SDM HOLDINGS LLC
35 TOWER LANE
AVON, CT 06001

C IRS Center where partnership filed return
E-FILE

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number
44

F Partner's name, address, city, state, and ZIP code

CARPENTER CHARITABLE TRUST
35 TOWER LANE
AVON, CT 06001

G General partner or LLC
member-manager Limited partner or other LLC
member

H Domestic partner Foreign partner

I1 What type of entity is this partner? **TRUST**

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here

J Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	23.0000000%	23.0000000%
Loss	23.0000000%	23.0000000%
Capital	23.0000000%	23.0000000%

K Partner's share of liabilities at year end:

Nonrecourse	\$ _____
Qualified nonrecourse financing	\$ _____
Recourse	\$ _____

- *See attached statement for additional information.
- 14 Self-employment earnings (loss)

L Partner's capital account analysis:

Beginning capital account	\$ _____
Capital contributed during the year	\$ _____
Current year increase (decrease)	\$ _____
Withdrawals & distributions	\$ _____
Ending capital account	\$ _____

Tax basis GAAP Section 704(b) book
 Other (explain) _____

M Did the partner contribute property with a built-in gain or loss?

Yes No

If "Yes", attach statement (see instructions)

For IRS Use Only

Schedule K-1
(Form 1065)

For calendar year 2014, or tax
year beginning _____
Internal Revenue Service
ending _____

**Partner's Share of Income, Deductions,
Credits, etc.**

► See separate instructions.

2014

Final K-1

Amended K-1

OMB No. 1545-0123

**Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items**

1 Ordinary business income (loss)	15 Credits
2 Net rental real estate income (loss)	
3 Other net rental income (loss)	16 Foreign transactions
4 Guaranteed payments	
5 Interest income	
6a Ordinary dividends	17 Alternative min tax (AMT) items
6b Qualified dividends	
7 Royalties	
8 Net short-term capital gain (loss)	18 Tax-exempt income and nondeductible expenses
9a Net long-term capital gain (loss)	
9b Collectibles (28%) gain (loss)	19 Distributions
9c Unrecaptured sec 1250 gain	
10 Net section 1231 gain (loss)	20 Other information
11 Other income (loss)	
12 Section 179 deduction	
13 Other deductions	
14 Self-employment earnings (loss)	

For IRS Use Only

*See attached statement for additional information.

Part I Information About the Partnership

A Partnership's employer identification number
91

B Partnership's name, address, city, state, and ZIP code

SDM HOLDINGS LLC
35 TOWER LANE
AVON, CT 06001

C IRS Center where partnership filed return
E-FILE

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number
08

F Partner's name, address, city, state, and ZIP code

CAROLINE FINANCIAL GROUP
35 TOWER LANE
AVON, CT 06001

G General partner or LLC
member-manager Limited partner or other LLC
member

H Domestic partner Foreign partner

I1 What type of entity is this partner? **CORPORATION**

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here

J Partner's share of profit, loss, and capital:

Beginning	Ending
Profit 1.0000000%	1.0000000%
Loss 1.0000000%	1.0000000%
Capital 1.0000000%	1.0000000%

K Partner's share of liabilities at year end:

Nonrecourse \$ _____

Qualified nonrecourse financing \$ _____

Recourse \$ _____

L Partner's capital account analysis:

Beginning capital account \$ _____

Capital contributed during the year \$ _____

Current year increase (decrease) \$ _____

Withdrawals & distributions \$(_____)

Ending capital account \$ _____

Tax basis

GAAP

Section 704(b) book

Other (explain) _____

M Did the partner contribute property with a built-in gain or loss?

Yes

No

If "Yes", attach statement (see instructions)

Schedule K-1
(Form 1065)

For calendar year 2014, or tax
year beginning _____
Internal Revenue Service
ending _____

**Partner's Share of Income, Deductions,
Credits, etc.**

► See separate instructions.

2014

Final K-1

Amended K-1

OMB No. 1545-0123

**Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items**

Part I Information About the Partnership

A Partnership's employer identification number
691

B Partnership's name, address, city, state, and ZIP code

SDM HOLDINGS LLC
35 TOWER LANE
AVON, CT 06001

C IRS Center where partnership filed return
E-FILE

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number
96

F Partner's name, address, city, state, and ZIP code

ALLIANCE CHARITABLE TRUST
35 TOWER LANE
AVON, CT 06001

G General partner or LLC
member-manager Limited partner or other LLC
member

H Domestic partner Foreign partner

I1 What type of entity is this partner? **TRUST**

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here

J Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	19.0000000%	19.0000000%
Loss	19.0000000%	19.0000000%
Capital	19.0000000%	19.0000000%

K Partner's share of liabilities at year end:

Nonrecourse	\$ _____
Qualified nonrecourse financing	\$ _____
Recourse	\$ _____

9a Net long-term capital gain (loss)

9b Collectibles (28%) gain (loss)

19 Distributions

9c Unrecaptured sec 1250 gain

20 Other information

10 Net section 1231 gain (loss)

11 Other income (loss)

12 Section 179 deduction

13 Other deductions

14 Self-employment earnings (loss)

*See attached statement for additional information.

L Partner's capital account analysis:

Beginning capital account	\$ _____
Capital contributed during the year	\$ _____
Current year increase (decrease)	\$ _____
Withdrawals & distributions	\$ _____
Ending capital account	\$ _____

For IRS Use Only

Tax basis GAAP Section 704(b) book
 Other (explain) _____

M Did the partner contribute property with a built-in gain or loss?

Yes No

If "Yes", attach statement (see instructions)

Schedule K-1
(Form 1065)

For calendar year 2014, or tax
year beginning _____
Internal Revenue Service
ending _____

**Partner's Share of Income, Deductions,
Credits, etc.**

► See separate instructions.

2014

Final K-1

Amended K-1

OMB No. 1545-0123

**Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items**

Part I Information About the Partnership

A Partnership's employer identification number
691

B Partnership's name, address, city, state, and ZIP code

SDM HOLDINGS LLC
35 TOWER LANE
AVON, CT 06001

C IRS Center where partnership filed return
E-FILE

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number
68

F Partner's name, address, city, state, and ZIP code

AVON TRUST
35 TOWER LANE
AVON, CT 06001

G General partner or LLC
member-manager

Limited partner or other LLC
member

H Domestic partner

Foreign partner

I1 What type of entity is this partner? **TRUST**

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here

J Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	19.0000000%	19.0000000%
Loss	19.0000000%	19.0000000%
Capital	19.0000000%	19.0000000%

K Partner's share of liabilities at year end:

Nonrecourse \$ _____

Qualified nonrecourse financing \$ _____

Recourse \$ _____

*See attached statement for additional information.

L Partner's capital account analysis:

Beginning capital account \$ _____

Capital contributed during the year \$ _____

Current year increase (decrease) \$ _____

Withdrawals & distributions \$(_____)

Ending capital account \$ _____

For IRS Use Only

Tax basis

GAAP

Section 704(b) book

Other (explain) _____

M Did the partner contribute property with a built-in gain or loss?

Yes

No

If "Yes", attach statement (see instructions)

Schedule K-1
(Form 1065)

For calendar year 2014, or tax
year beginning _____
Internal Revenue Service
ending _____

**Partner's Share of Income, Deductions,
Credits, etc.**

► See separate instructions.

2014

Final K-1

Amended K-1

OMB No. 1545-0123

**Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items**

1 Ordinary business income (loss)	15 Credits
2 Net rental real estate income (loss)	
3 Other net rental income (loss)	16 Foreign transactions
4 Guaranteed payments	
5 Interest income	
6a Ordinary dividends	17 Alternative min tax (AMT) items
6b Qualified dividends	
7 Royalties	
8 Net short-term capital gain (loss)	18 Tax-exempt income and nondeductible expenses
9a Net long-term capital gain (loss)	
9b Collectibles (28%) gain (loss)	19 Distributions
9c Unrecaptured sec 1250 gain	
10 Net section 1231 gain (loss)	20 Other information
11 Other income (loss)	
12 Section 179 deduction	
13 Other deductions	
14 Self-employment earnings (loss)	
*See attached statement for additional information.	

Part I Information About the Partnership

A Partnership's employer identification number
691

B Partnership's name, address, city, state, and ZIP code

SDM HOLDINGS LLC
35 TOWER LANE
AVON, CT 06001

C IRS Center where partnership filed return
E-FILE

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number
47

F Partner's name, address, city, state, and ZIP code

ATLANTIC TRUST
35 TOWER LANE
AVON, CT 06001

G General partner or LLC
member-manager Limited partner or other LLC
member

H Domestic partner Foreign partner

I1 What type of entity is this partner? **TRUST**

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here

J Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	19.0000000%	19.0000000%
Loss	19.0000000%	19.0000000%
Capital	19.0000000%	19.0000000%

K Partner's share of liabilities at year end:

Nonrecourse \$ _____

Qualified nonrecourse financing \$ _____

Recourse \$ _____

L Partner's capital account analysis:

Beginning capital account \$ _____

Capital contributed during the year \$ _____

Current year increase (decrease) \$ _____

Withdrawals & distributions \$(_____)

Ending capital account \$ _____

For IRS Use Only

Tax basis GAAP Section 704(b) book

Other (explain) _____

M Did the partner contribute property with a built-in gain or loss?

Yes No

If "Yes", attach statement (see instructions)

Schedule K-1
(Form 1065)

For calendar year 2014, or tax
year beginning _____
Internal Revenue Service
ending _____

**Partner's Share of Income, Deductions,
Credits, etc.**

► See separate instructions.

2014

Final K-1

Amended K-1

OMB No. 1545-0123

**Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items**

Part I Information About the Partnership

A Partnership's employer identification number
691

B Partnership's name, address, city, state, and ZIP code

SDM HOLDINGS LLC
35 TOWER LANE
AVON, CT 06001

C IRS Center where partnership filed return
E-FILE

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number
774

F Partner's name, address, city, state, and ZIP code

PHOENIX CHARITABLE TRUST
35 TOWER LANE
AVON, CT 06001

G General partner or LLC
member-manager Limited partner or other LLC
member

H Domestic partner Foreign partner

I1 What type of entity is this partner? **TRUST**

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here

J Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	19.0000000%	19.0000000%
Loss	19.0000000%	19.0000000%
Capital	19.0000000%	19.0000000%

K Partner's share of liabilities at year end:

Nonrecourse	\$ _____
Qualified nonrecourse financing	\$ _____
Recourse	\$ _____

*See attached statement for additional information.

L Partner's capital account analysis:

Beginning capital account	\$ _____
Capital contributed during the year	\$ _____
Current year increase (decrease)	\$ _____
Withdrawals & distributions	\$ _____
Ending capital account	\$ _____

For IRS Use Only

Tax basis GAAP Section 704(b) book

Other (explain) _____

M Did the partner contribute property with a built-in gain or loss?

Yes No

If "Yes", attach statement (see instructions)

1065

Form
Department of the Treasury
Internal Revenue Service

U.S. Return of Partnership Income

OMB No. 1545-0123

For calendar year 2015, or tax year beginning _____, ending _____
EXTENSION GRANTED TO 09/15/16

2015

A Principal business activity	Name of partnership	D Employer identification number
FINANCIAL	SDM HOLDINGS LLC	691
B Principal product or service	Number, street, and room or suite no. If a P.O. box, see the instructions.	E Date business started
INVESTMENTS	35 TOWER LANE	01/01/2010
C Business code number	City or town, state or province, country, and ZIP or foreign postal code	F Total assets
523900	AVON CT 06001	\$ [REDACTED]
G Check applicable boxes:	(1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change (5) <input type="checkbox"/> Amended return (6) <input type="checkbox"/> Technical termination - also check (1) or (2)	
H Check accounting method:	(1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►	
I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year	►	6
J Check if Schedules C and M-3 are attached	.....

Caution. Include **only** trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1 a Gross receipts or sales	1a [REDACTED]	1b [REDACTED]	1c [REDACTED]
	b Returns and allowances			2 [REDACTED]
	c Balance. Subtract line 1b from line 1a			3 [REDACTED]
	2 Cost of goods sold (attach Form 1125-A)			4 [REDACTED]
	3 Gross profit. Subtract line 2 from line 1c			5 [REDACTED]
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)			6 [REDACTED]
	5 Net farm profit (loss) (attach Schedule F (Form 1040))			7 [REDACTED]
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			8 [REDACTED]
	7 Other income (loss) (attach statement)			9 [REDACTED]
	8 Total income (loss). Combine lines 3 through 7			10 [REDACTED]
	9 Salaries and wages (other than to partners) (less employment credits)			11 [REDACTED]
	10 Guaranteed payments to partners			12 [REDACTED]
	11 Repairs and maintenance			13 [REDACTED]
	12 Bad debts			14 [REDACTED]
	13 Rent			15 [REDACTED]
	14 Taxes and licenses			16a [REDACTED]
	15 Interest			16b [REDACTED]
	16 a Depreciation (if required, attach Form 4562)			16c [REDACTED]
	b Less depreciation reported on Form 1125-A and elsewhere on return			17 [REDACTED]
	17 Depletion (Do not deduct oil and gas depletion.)			18 [REDACTED]
	18 Retirement plans, etc.			19 [REDACTED]
	19 Employee benefit programs			20 [REDACTED]
	20 Other deductions (attach statement)			21 [REDACTED]
	21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20			22 [REDACTED]
	22 Ordinary business income (loss). Subtract line 21 from line 8			

Deductions (see the instructions for limitations)	SEE STATEMENT 1
Sign Here	<p>Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) is based on all information of which preparer has any knowledge.</p> <p>► Signature of general partner or limited liability company member manager</p> <p>► Date</p>
	<p>May the IRS discuss this return with the preparer shown below (see instr.)?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	RONALD LARROW, CPA	RONALD LARROW, CPA	05/01/17		[REDACTED]
	Firm's name ►				
	SIMIONE MACCA & LARROW, LLP				
	Firm's address ► 4130 WHITNEY AVENUE				Firm's EIN ► [REDACTED]
	HAMDEN, CT 06518				Phone no. 203-281-0540

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 1065 (2015)

Schedule B Other Information

1 What type of entity is filing this return? Check the applicable box:	Yes	No																																													
a <input type="checkbox"/> Domestic general partnership b <input type="checkbox"/> Domestic limited partnership																																															
c <input checked="" type="checkbox"/> Domestic limited liability company d <input type="checkbox"/> Domestic limited liability partnership																																															
e <input type="checkbox"/> Foreign partnership f <input type="checkbox"/> Other ►																																															
2 At any time during the tax year, was any partner in the partnership a disregarded entity, a partnership (including an entity treated as a partnership), a trust, an S corporation, an estate (other than an estate of a deceased partner), or a nominee or similar person?	X																																														
3 At the end of the tax year:																																															
a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership	X																																														
b Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership	X																																														
4 At the end of the tax year, did the partnership:																																															
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below	X																																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 2px;">(i) Name of Corporation</th> <th style="text-align: left; padding: 2px;">(ii) Employer Identification Number (if any)</th> <th style="text-align: left; padding: 2px;">(iii) Country of Incorporation</th> <th style="text-align: left; padding: 2px;">(iv) Percentage Owned in Voting Stock</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock																																										
(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock																																												
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X																																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 2px;">(i) Name of Entity</th> <th style="text-align: left; padding: 2px;">(ii) Employer Identification Number (if any)</th> <th style="text-align: left; padding: 2px;">(iii) Type of Entity</th> <th style="text-align: left; padding: 2px;">(iv) Country of Organization</th> <th style="text-align: left; padding: 2px;">(v) Maximum Percentage Owned in Profit, Loss, or Capital</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital																																									
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital																																											
5 Did the partnership file Form 8893, Election of Partnership Level Tax Treatment, or an election statement under section 6231(a)(1)(B)(ii) for partnership-level tax treatment, that is in effect for this tax year? See Form 8893 for more details	X																																														
6 Does the partnership satisfy all four of the following conditions?																																															
a The partnership's total receipts for the tax year were less than \$250,000.																																															
b The partnership's total assets at the end of the tax year were less than \$ 1 million.																																															
c Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.																																															
d The partnership is not filing and is not required to file Schedule M-3	X																																														
If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; Item F on page 1 of Form 1065; or Item L on Schedule K-1.																																															
7 Is this partnership a publicly traded partnership as defined in section 469(k)(2)?	X																																														
8 During the tax year, did the partnership have any debt that was cancelled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?	X																																														
9 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?	X																																														
10 At any time during calendar year 2015, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country. ►	X																																														

Schedule B Other Information (continued)

	Yes	No
11 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions		X
12a Is the partnership making, or had it previously made (and not revoked), a section 754 election? See instructions for details regarding a section 754 election.		X
b Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
c Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
13 Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year) ► <input type="checkbox"/>		
14 At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		X
15 If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, enter the number of Forms 8858 attached. See instructions ►		
16 Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership. ►		X
17 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return. ►		
18a Did you make any payments in 2015 that would require you to file Form(s) 1099? See instructions	X	
b If "Yes," did you or will you file required Form(s) 1099?		X
19 Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return. ►		
20 Enter the number of partners that are foreign governments under section 892. ►		

Designation of Tax Matters Partner (see instructions)

Enter below the general partner or member-manager designated as the tax matters partner (TMP) for the tax year of this return:

Name of designated TMP ► CAROLINE FINANCIAL GROUP	Identifying number of TMP ► 208
If the TMP is an entity, name of TMP representative ► M.W.	Phone number of TMP ►
Address of designated TMP ► 35 TOWER LANE AVON, CT 06001	

Schedule K Partners' Distributive Share Items		Total amount
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	1
	2 Net rental real estate income (loss) (attach Form 8825)	2
	3 a Other gross rental income (loss)	3a
	b Expenses from other rental activities (attach statement)	3b
	c Other net rental income (loss). Subtract line 3b from line 3a	3c
	4 Guaranteed payments	4
	5 Interest income	5
	6 Dividends: a Ordinary dividends	6a
	b Qualified dividends	6b
	7 Royalties	7
	8 Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8
Deductions	9 a Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a
	b Collectibles (28%) gain (loss)	9b
	c Unrecaptured section 1250 gain (attach statement)	9c
	10 Net section 1231 gain (loss) (attach Form 4797)	10
Self-Employment	11 Other income (loss) (see instructions) Type ►	11
	12 Section 179 deduction (attach Form 4562)	12
	13 a Contributions	13a
	b Investment interest expense	13b
Credits	c Section 59(e)(2) expenditures: (1) Type ► (2) Amount ►	13c(2)
	d Other deductions (see instructions) Type ►	13d
	14 a Net earnings (loss) from self-employment	14a
Foreign Transactions	b Gross farming or fishing income	14b
	c Gross nonfarm income	14c
	15 a Low-income housing credit (section 42(j)(5))	15a
	b Low-income housing credit (other)	15b
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	15c
	d Other rental real estate credits (see instructions) Type ►	15d
Alternative Minimum Tax (AMT) Items	e Other rental credits (see instructions) Type ►	15e
	f Other credits (see instructions) Type ►	15f
	16 a Name of country or U.S. possession ►	16a
	b Gross income from all sources	16b
	c Gross income sourced at partner level	16c
Other Information	Foreign gross income sourced at partnership level	
	d Passive category ►	16d
	e General category ... ►	16e
	f Other ... ►	16f
	Deductions allocated and apportioned at partner level	
	g Interest expense ►	16g
	h Other	16h
	Deductions allocated and apportioned at partnership level to foreign source income	
	i Passive category ►	16i
	j General category ... ►	16k
	k Other ... ►	16l
	l Total foreign taxes (check one): ► Paid <input type="checkbox"/> Accrued <input type="checkbox"/>	16m
	m Reduction in taxes available for credit (attach statement)	
	n Other foreign tax information (attach statement)	

Analysis of Net Income (Loss)

1 Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 16l	1	- 307,019.
2 Analysis by partner type:	(i) Corporate	(ii) Individual (active)
a General partners		(iii) Individual (passive)
b Limited partners	- 3,070.	(iv) Partnership
		(v) Exempt Organization
		(vi) Nominee/Other
		- 303,949.

Schedule L Balance Sheets per Books

Assets	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
1 Cash				
2a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (attach statement)				
7a Loans to partners (or persons related to partners)				
b Mortgage and real estate loans				
8 Other investments (attach statement)				
9a Buildings and other depreciable assets				
b Less accumulated depreciation				
10a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)				
12a Intangible assets (amortizable only)				
b Less accumulated amortization				
13 Other assets (attach statement)				
14 Total assets				
Liabilities and Capital				
15 Accounts payable				
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities (attach statement)				
18 All nonrecourse loans				
19a Loans from partners (or persons related to partners)				
b Mortgages, notes, bonds payable in 1 year or more				
20 Other liabilities (attach statement)				
21 Partners' capital accounts				
22 Total liabilities and capital				
STATEMENT 2				

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note. The partnership may be required to file Schedule M-3 (see instructions).

1 Net income (loss) per books		6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		a Tax-exempt interest \$ _____	
3 Guaranteed payments (other than health insurance)		7 Deductions included on Schedule K, lines 1 through 13d, and 16l, not charged against book income this year (itemize):	
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16l (itemize):		a Depreciation \$ _____	
a Depreciation \$ _____		8 Add lines 6 and 7	
b Travel and entertainment \$ _____		9 Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	
5 Add lines 1 through 4			

Schedule M-2 Analysis of Partners' Capital Accounts

1 Balance at beginning of year		6 Distributions: a Cash	
2 Capital contributed: a Cash		b Property	
b Property		7 Other decreases (itemize):	
3 Net income (loss) per books		8 Add lines 6 and 7	
4 Other increases (itemize):		9 Balance at end of year. Subtract line 8 from line 5	
5 Add lines 1 through 4			

Cost of Goods Sold

OMB No. 1545-2225

► Attach to Form 1120, 1120-C, 1120-F, 1120S, 1065, or 1065-B.
 ► Information about Form 1125-A and its instructions is at www.irs.gov/form1125a.

Name

Employer Identification number

SDM HOLDINGS LLC

91

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return (see instructions)	8	

SEE STATEMENT 4

9a Check all methods used for valuing closing inventory:

- (i) Cost
- (ii) Lower of cost or market
- (iii) Other (Specify method used and attach explanation) ►

- b Check if there was a writedown of subnormal goods ►
- c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ►
- d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO 9d
- e If property is produced or acquired for resale, do the rules of Section 263A apply to the corporation? Yes No
- f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? Yes No
If "Yes," attach explanation.

For Paperwork Reduction Act Notice, see separate instructions.

Form 1125-A (Rev. 12-2012)

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OTHER

OMB No. 1545-0172

2015Attachment
Sequence No. 179Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Business or activity to which this form relates

Identifying number

SDM HOLDINGS LLC

91

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12 ►	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2015	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ►	<input type="checkbox"/>	

Section B - Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year			12 yrs.		S/L
c 40-year	/		40 yrs.	MM	S/L

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a	Do you have evidence to support the business/investment use claimed?		Yes	No	24b	If "Yes," is the evidence written?	Yes	No	
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25	Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26	Property used more than 50% in a qualified business use:		%						
			%						
			%						
27	Property used 50% or less in a qualified business use:		%			S/L -			
			%			S/L -			
			%			S/L -			
28	Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28		
29	Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30	Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
31	Total commuting miles driven during the year												
32	Total other personal (noncommuting) miles driven												
33	Total miles driven during the year. Add lines 30 through 32												
34	Was the vehicle available for personal use during off-duty hours?												
35	Was the vehicle used primarily by a more than 5% owner or related person?												
36	Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

	Amortization					
	(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42	Amortization of costs that begins during your 2015 tax year:					
43	Amortization of costs that began before your 2015 tax year				43	
44	Total				44	

FORM 1065

OTHER DEDUCTIONS

STATEMENT

1

DESCRIPTION	AMOUNT
[REDACTED]	[REDACTED]

FORM 1065

PARTNERS' CAPITAL ACCOUNT SUMMARY

STATEMENT

3

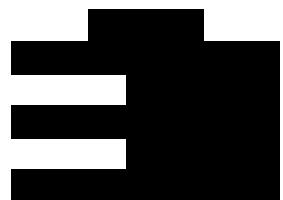
PARTNER NUMBER	BEGINNING CAPITAL	CAPITAL CONTRIBUTED	SCHEDULE M-2 LNS 3, 4 & 7	WITHDRAWALS	ENDING CAPITAL
2	[REDACTED]		[REDACTED]		[REDACTED]
3	[REDACTED]		[REDACTED]		[REDACTED]
4	[REDACTED]		[REDACTED]		[REDACTED]
5	[REDACTED]		[REDACTED]		[REDACTED]
6	[REDACTED]		[REDACTED]		[REDACTED]
7	[REDACTED]		[REDACTED]		[REDACTED]
TOTAL	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

FORM 1125-A

OTHER COSTS

STATEMENT

4



Schedule K-1
(Form 1065)

For calendar year 2015, or tax
year beginning _____
Internal Revenue Service
ending _____

**Partner's Share of Income, Deductions,
Credits, etc.**

► See separate instructions.

2015

Final K-1

Amended K-1

OMB No. 1545-0123

**Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items**

1 Ordinary business income (loss)	15 Credits
2 Net rental real estate income (loss)	
3 Other net rental income (loss)	16 Foreign transactions
4 Guaranteed payments	
5 Interest income	
6a Ordinary dividends	17 Alternative min tax (AMT) items
6b Qualified dividends	
7 Royalties	
8 Net short-term capital gain (loss)	18 Tax-exempt income and nondeductible expenses
9a Net long-term capital gain (loss)	
9b Collectibles (28%) gain (loss)	19 Distributions
9c Unrecaptured sec 1250 gain	
10 Net section 1231 gain (loss)	20 Other information
11 Other income (loss)	
12 Section 179 deduction	
13 Other deductions	
14 Self-employment earnings (loss)	
*See attached statement for additional information.	

Part I Information About the Partnership

A Partnership's employer identification number
691

B Partnership's name, address, city, state, and ZIP code

SDM HOLDINGS LLC
35 TOWER LANE
AVON, CT 06001

C IRS Center where partnership filed return
E-FILE

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number
08

F Partner's name, address, city, state, and ZIP code

CAROLINE FINANCIAL GROUP
35 TOWER LANE
AVON, CT 06001

G General partner or LLC
member-manager Limited partner or other LLC
member

H Domestic partner Foreign partner

I1 What type of entity is this partner? **CORPORATION**

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here

J Partner's share of profit, loss, and capital:

Beginning	Ending
Profit 1.0000000%	1.0000000%
Loss 1.0000000%	1.0000000%
Capital 1.0000000%	1.0000000%

K Partner's share of liabilities at year end:

Nonrecourse \$ _____

Qualified nonrecourse financing \$ _____

Recourse \$ _____

L Partner's capital account analysis:

Beginning capital account \$ _____

Capital contributed during the year \$ _____

Current year increase (decrease) \$ _____

Withdrawals & distributions \$(_____)

Ending capital account \$ _____

For IRS Use Only

Tax basis GAAP Section 704(b) book

Other (explain) _____

M Did the partner contribute property with a built-in gain or loss?

Yes No

If "Yes," attach statement (see instructions)

Schedule K-1
(Form 1065)

For calendar year 2015, or tax
year beginning _____
Internal Revenue Service
ending _____

**Partner's Share of Income, Deductions,
Credits, etc.**

► See separate instructions.

2015

Final K-1

Amended K-1

OMB No. 1545-0123

**Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items**

1 Ordinary business income (loss)	15 Credits
2 Net rental real estate income (loss)	
3 Other net rental income (loss)	16 Foreign transactions
4 Guaranteed payments	
5 Interest income	
6a Ordinary dividends	17 Alternative min tax (AMT) items
6b Qualified dividends	
7 Royalties	
8 Net short-term capital gain (loss)	18 Tax-exempt income and nondeductible expenses
9a Net long-term capital gain (loss)	
9b Collectibles (28%) gain (loss)	19 Distributions
9c Unrecaptured sec 1250 gain	
10 Net section 1231 gain (loss)	20 Other information
11 Other income (loss)	
12 Section 179 deduction	
13 Other deductions	
14 Self-employment earnings (loss)	
*See attached statement for additional information.	
For IRS Use Only	

Part I Information About the Partnership

A Partnership's employer identification number
91

B Partnership's name, address, city, state, and ZIP code

SDM HOLDINGS LLC
35 TOWER LANE
AVON, CT 06001

C IRS Center where partnership filed return
E-FILE

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number
096

F Partner's name, address, city, state, and ZIP code

ALLIANCE CHARITABLE TRUST
35 TOWER LANE
AVON, CT 06001

G General partner or LLC
member-manager Limited partner or other LLC
member
H Domestic partner Foreign partner

I1 What type of entity is this partner? **TRUST**

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here

J Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	19.0000000%	19.0000000%
Loss	19.0000000%	19.0000000%
Capital	19.0000000%	19.0000000%

K Partner's share of liabilities at year end:

Nonrecourse	\$ ███████████
Qualified nonrecourse financing	\$ ███████████
Recourse	\$ ███████████

L Partner's capital account analysis:

Beginning capital account	\$ ███████████
Capital contributed during the year	\$ ███████████
Current year increase (decrease)	\$ ███████████
Withdrawals & distributions	\$ (███████████)
Ending capital account	\$ ███████████

Tax basis GAAP Section 704(b) book
 Other (explain) _____

M Did the partner contribute property with a built-in gain or loss?

Yes No

If "Yes," attach statement (see instructions)

Schedule K-1
(Form 1065)

For calendar year 2015, or tax
year beginning _____
Internal Revenue Service
ending _____

2015

 Final K-1 Amended K-1

OMB No. 1545-0123

**Partner's Share of Income, Deductions,
Credits, etc.**

► See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number

691

B Partnership's name, address, city, state, and ZIP code

SDM HOLDINGS LLC
35 TOWER LANE
AVON, CT 06001

C IRS Center where partnership filed return

E-FILE

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number

368

F Partner's name, address, city, state, and ZIP code

AVON TRUST
35 TOWER LANE
AVON, CT 06001

G General partner or LLC
member-manager
 Limited partner or other LLC
member
 H Domestic partner Foreign partnerI1 What type of entity is this partner? **TRUST**I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here

J Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	19.0000000%	19.0000000%
Loss	19.0000000%	19.0000000%
Capital	19.0000000%	19.0000000%

K Partner's share of liabilities at year end:

Nonrecourse	\$ _____
Qualified nonrecourse financing	\$ _____
Recourse	\$ _____

L Partner's capital account analysis:

Beginning capital account	\$ _____
Capital contributed during the year	\$ _____
Current year increase (decrease)	\$ _____
Withdrawals & distributions	\$ (_____)
Ending capital account	\$ _____

Tax basis GAAP Section 704(b) book
 Other (explain) _____

M Did the partner contribute property with a built-in gain or loss?

Yes No

If "Yes," attach statement (see instructions)

**Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items**

1 Ordinary business income (loss)		15 Credits
2 Net rental real estate income (loss)		
3 Other net rental income (loss)		
4 Guaranteed payments		
5 Interest income		
6a Ordinary dividends		
6b Qualified dividends		
7 Royalties		
8 Net short-term capital gain (loss)		
9a Net long-term capital gain (loss)		
9b Collectibles (28%) gain (loss)		
9c Unrecaptured sec 1250 gain		
10 Net section 1231 gain (loss)		
11 Other income (loss)		
12 Section 179 deduction		
13 Other deductions		
14 Self-employment earnings (loss)		

*See attached statement for additional information.

For IRS Use Only

Schedule K-1
(Form 1065)

For calendar year 2015, or tax
year beginning _____
Internal Revenue Service
ending _____

**Partner's Share of Income, Deductions,
Credits, etc.**

► See separate instructions.

2015

Final K-1

Amended K-1

OMB No. 1545-0123

**Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items**

Part I Information About the Partnership

A Partnership's employer identification number
691

B Partnership's name, address, city, state, and ZIP code

SDM HOLDINGS LLC
35 TOWER LANE
AVON, CT 06001

C IRS Center where partnership filed return
E-FILE

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number
47

F Partner's name, address, city, state, and ZIP code

ATLANTIC TRUST
35 TOWER LANE
AVON, CT 06001

G General partner or LLC
member-manager

Limited partner or other LLC
member

H Domestic partner

Foreign partner

I1 What type of entity is this partner? **TRUST**

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here

J Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	19.0000000%	19.0000000%
Loss	19.0000000%	19.0000000%
Capital	19.0000000%	19.0000000%

K Partner's share of liabilities at year end:

Nonrecourse \$ _____

Qualified nonrecourse financing \$ _____

Recourse \$ _____

*See attached statement for additional information.

L Partner's capital account analysis:

Beginning capital account \$ _____

Capital contributed during the year \$ _____

Current year increase (decrease) \$ _____

Withdrawals & distributions \$(_____)

Ending capital account \$ _____

For IRS Use Only

Tax basis

GAAP

Section 704(b) book

Other (explain) _____

M Did the partner contribute property with a built-in gain or loss?

Yes

No

If "Yes," attach statement (see instructions)

Schedule K-1
(Form 1065)

For calendar year 2015, or tax
year beginning _____
Internal Revenue Service
ending _____

**Partner's Share of Income, Deductions,
Credits, etc.**

► See separate instructions.

2015

Final K-1

Amended K-1

OMB No. 1545-0123

**Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items**

Part I Information About the Partnership

A Partnership's employer identification number
691

B Partnership's name, address, city, state, and ZIP code

SDM HOLDINGS LLC
35 TOWER LANE
AVON, CT 06001

C IRS Center where partnership filed return
E-FILE

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number
774

F Partner's name, address, city, state, and ZIP code

PHOENIX CHARITABLE TRUST
35 TOWER LANE
AVON, CT 06001

G General partner or LLC
member-manager Limited partner or other LLC
member

H Domestic partner Foreign partner

I1 What type of entity is this partner? **TRUST**

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here

J Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	19.0000000%	19.0000000%
Loss	19.0000000%	19.0000000%
Capital	19.0000000%	19.0000000%

K Partner's share of liabilities at year end:

Nonrecourse	\$ _____
Qualified nonrecourse financing	\$ _____
Recourse	\$ _____

L Partner's capital account analysis:

Beginning capital account	\$ _____
Capital contributed during the year	\$ _____
Current year increase (decrease)	\$ _____
Withdrawals & distributions	\$ (_____)
Ending capital account	\$ _____

For IRS Use Only

Tax basis GAAP Section 704(b) book

Other (explain) _____

M Did the partner contribute property with a built-in gain or loss?

Yes No

If "Yes," attach statement (see instructions)

Schedule K-1
(Form 1065)

For calendar year 2015, or tax
year beginning _____
Internal Revenue Service
ending _____

**Partner's Share of Income, Deductions,
Credits, etc.**

► See separate instructions.

2015

Final K-1

Amended K-1

OMB No. 1545-0123

**Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items**

1 Ordinary business income (loss)	15 Credits
2 Net rental real estate income (loss)	
3 Other net rental income (loss)	16 Foreign transactions
4 Guaranteed payments	
5 Interest income	
6a Ordinary dividends	17 Alternative min tax (AMT) items
6b Qualified dividends	
7 Royalties	
8 Net short-term capital gain (loss)	18 Tax-exempt income and nondeductible expenses
9a Net long-term capital gain (loss)	
9b Collectibles (28%) gain (loss)	19 Distributions
9c Unrecaptured sec 1250 gain	
10 Net section 1231 gain (loss)	20 Other information
11 Other income (loss)	
12 Section 179 deduction	
13 Other deductions	
14 Self-employment earnings (loss)	
*See attached statement for additional information.	
For IRS Use Only	

Part I Information About the Partnership

A Partnership's employer identification number
691

B Partnership's name, address, city, state, and ZIP code

SDM HOLDINGS LLC
35 TOWER LANE
AVON, CT 06001

C IRS Center where partnership filed return
E-FILE

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number
44

F Partner's name, address, city, state, and ZIP code

CARPENTER CHARITABLE TRUST
35 TOWER LANE
AVON, CT 06001

G General partner or LLC member-manager Limited partner or other LLC member
 Domestic partner Foreign partner

I1 What type of entity is this partner? **TRUST**

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here

J Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	23.0000000%	23.0000000%
Loss	23.0000000%	23.0000000%
Capital	23.0000000%	23.0000000%

K Partner's share of liabilities at year end:

Nonrecourse	\$ _____	
Qualified nonrecourse financing	\$ _____	
Recourse	\$ _____	

*See attached statement for additional information.

L Partner's capital account analysis:

Beginning capital account	\$ _____	
Capital contributed during the year	\$ _____	
Current year increase (decrease)	\$ _____	
Withdrawals & distributions	\$ (_____)	
Ending capital account	\$ _____	

For IRS Use Only

Tax basis GAAP Section 704(b) book
 Other (explain) _____

M Did the partner contribute property with a built-in gain or loss?

Yes No

If "Yes," attach statement (see instructions)

1065
Form
Department of the Treasury
Internal Revenue Service

U.S. Return of Partnership Income

OMB No. 1545-0123

For calendar year 2017, or tax year beginning _____, ending _____
EXTENSION GRANTED TO 09/17/18

2017

A Principal business activity	Name of partnership	D Employer identification number *****
FINANCIAL	SDM HOLDINGS LLC	
B Principal product or service	Number, street, and room or suite no. If a P.O. box, see the instructions. 35 TOWER LANE	E Date business started 01/01/2010
INVESTMENTS	City or town, state or province, country, and ZIP or foreign postal code AVON CT 06001	F Total assets \$ [REDACTED]
C Business code number 523900		
G Check applicable boxes:	(1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change (5) <input type="checkbox"/> Amended return (6) <input type="checkbox"/> Technical termination - also check (1) or (2)	
H Check accounting method:	(1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►	
I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ►	5	
J Check if Schedules C and M-3 are attached	<input type="checkbox"/>	

Caution. Include **only** trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1 a Gross receipts or sales	1a [REDACTED]	1c 2 3 4 5 6 7 8 [REDACTED]
	b Returns and allowances	1b [REDACTED]	
	c Balance. Subtract line 1b from line 1a		
	2 Cost of goods sold (attach Form 1125-A)		
	3 Gross profit. Subtract line 2 from line 1c		
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)		
	5 Net farm profit (loss) (attach Schedule F (Form 1040))		
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)		
7 Other income (loss) (attach statement)			
8 Total income (loss). Combine lines 3 through 7			
9 Salaries and wages (other than to partners) (less employment credits)		9	
10 Guaranteed payments to partners		10	
11 Repairs and maintenance		11	
12 Bad debts		12	
13 Rent		13	
14 Taxes and licenses		14	
15 Interest		15	
16 a Depreciation (if required, attach Form 4562)	16a [REDACTED]	16c 17 18 19 20 [REDACTED]	
b Less depreciation reported on Form 1125-A and elsewhere on return	16b [REDACTED]		
17 Depletion (Do not deduct oil and gas depletion.)			
18 Retirement plans, etc.			
19 Employee benefit programs			
20 Other deductions (attach statement)		20	
21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20		21 [REDACTED]	
22 Ordinary business income (loss). Subtract line 21 from line 8		22 [REDACTED]	

Deductions (see the instructions for limitations)	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than partner or limited liability company member) is based on all information of which preparer has any knowledge.		
	May the IRS discuss this return with the preparer shown below (see instr.)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Signature of partner or limited liability company member	Date	

Sign Here	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	RONALD LARROW, CPA	RONALD LARROW, CPA	09/16/18		[REDACTED]
	Firm's name ► SIMIONE MACCA & LARROW, LLP			Firm's EIN ► ***-*****	
Paid Preparer Use Only	Firm's address ► 4130 WHITNEY AVENUE HAMDEN, CT 06518			Phone no. 203-281-0540	

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **1065** (2017)

Schedule B Other Information

1 What type of entity is filing this return? Check the applicable box:	Yes	No																																													
a <input type="checkbox"/> Domestic general partnership b <input type="checkbox"/> Domestic limited partnership																																															
c <input checked="" type="checkbox"/> Domestic limited liability company d <input type="checkbox"/> Domestic limited liability partnership																																															
e <input type="checkbox"/> Foreign partnership f <input type="checkbox"/> Other ►																																															
2 At any time during the tax year, was any partner in the partnership a disregarded entity, a partnership (including an entity treated as a partnership), a trust, an S corporation, an estate (other than an estate of a deceased partner), or a nominee or similar person?	X																																														
3 At the end of the tax year:																																															
a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership		X																																													
b Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership		X																																													
4 At the end of the tax year, did the partnership:																																															
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below		X																																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 2px;">(i) Name of Corporation</th> <th style="text-align: left; padding: 2px;">(ii) Employer Identification Number (if any)</th> <th style="text-align: left; padding: 2px;">(iii) Country of Incorporation</th> <th style="text-align: left; padding: 2px;">(iv) Percentage Owned in Voting Stock</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock																																										
(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock																																												
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X																																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 2px;">(i) Name of Entity</th> <th style="text-align: left; padding: 2px;">(ii) Employer Identification Number (if any)</th> <th style="text-align: left; padding: 2px;">(iii) Type of Entity</th> <th style="text-align: left; padding: 2px;">(iv) Country of Organization</th> <th style="text-align: left; padding: 2px;">(v) Maximum Percentage Owned in Profit, Loss, or Capital</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital																																									
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital																																											
5 Did the partnership file Form 8893, Election of Partnership Level Tax Treatment, or an election statement under section 6231(a)(1)(B)(ii) for partnership-level tax treatment, that is in effect for this tax year? See Form 8893 for more details	X																																														
6 Does the partnership satisfy all four of the following conditions?																																															
a The partnership's total receipts for the tax year were less than \$250,000.																																															
b The partnership's total assets at the end of the tax year were less than \$ 1 million.																																															
c Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.																																															
d The partnership is not filing and is not required to file Schedule M-3		X																																													
If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; Item F on page 1 of Form 1065; or Item L on Schedule K-1.																																															
7 Is this partnership a publicly traded partnership as defined in section 469(k)(2)?		X																																													
8 During the tax year, did the partnership have any debt that was cancelled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		X																																													
9 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?		X																																													
10 At any time during calendar year 2017, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country. ►		X																																													

Schedule B Other Information (continued)

	Yes	No
11 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions		X
12a Is the partnership making, or had it previously made (and not revoked), a section 754 election? See instructions for details regarding a section 754 election.		X
b Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
c Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
13 Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year) ► <input type="checkbox"/>		
14 At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		X
15 If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, enter the number of Forms 8858 attached. See instructions ►		
16 Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership. ►		X
17 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return. ►		
18a Did you make any payments in 2017 that would require you to file Form(s) 1099? See instructions		X
b If "Yes," did you or will you file required Form(s) 1099?		
19 Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return. ►		
20 Enter the number of partners that are foreign governments under section 892. ►		
21 During the partnership's tax year, did the partnership make any payments that would require it to file Form 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474)?		X
22 Was the partnership a specified domestic entity required to file Form 8938 for the tax year (See the Instructions for Form 8938)?		X

Designation of Tax Matters Partner (see instructions)

Enter below the general partner or member-manager designated as the tax matters partner (TMP) for the tax year of this return:

Name of designated TMP ► CAROLINE FINANCIAL GROUP	Identifying number of TMP ► **-*****
If the TMP is an entity, name of TMP representative ►	Phone number of TMP ►
Address of designated TMP ► 35 TOWER LANE AVON, CT 06001	

Form 1065 (2017)

Schedule K Partners' Distributive Share Items		Total amount
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	1
	2 Net rental real estate income (loss) (attach Form 8825)	2
	3 a Other gross rental income (loss)	3a
	b Expenses from other rental activities (attach statement)	3b
	c Other net rental income (loss). Subtract line 3b from line 3a	3c
	4 Guaranteed payments	4
	5 Interest income	5
	6 Dividends: a Ordinary dividends	6a
	b Qualified dividends	6b
	7 Royalties	7
	8 Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8
Deductions	9 a Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a
	b Collectibles (28%) gain (loss)	9b
	c Unrecaptured section 1250 gain (attach statement)	9c
	10 Net section 1231 gain (loss) (attach Form 4797)	10
Self-Employment	11 Other income (loss) (see instructions) Type ►	11
	12 Section 179 deduction (attach Form 4562)	12
	13 a Contributions	13a
	b Investment interest expense	13b
Credits	c Section 59(e)(2) expenditures: (1) Type ► (2) Amount ►	13c(2)
	d Other deductions (see instructions) Type ►	13d
	14 a Net earnings (loss) from self-employment	14a
	b Gross farming or fishing income	14b
Foreign Transactions	c Gross nonfarm income	14c
	15 a Low-income housing credit (section 42(j)(5))	15a
	b Low-income housing credit (other)	15b
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	15c
Alternative Minimum Tax (AMT) Items	d Other rental real estate credits (see instructions) Type ►	15d
	e Other rental credits (see instructions) Type ►	15e
	f Other credits (see instructions) Type ►	15f
	16 a Name of country or U.S. possession ►	16a
Other Information	b Gross income from all sources	16b
	c Gross income sourced at partner level	16c
	Foreign gross income sourced at partnership level	
	d Passive category ►	16d
	e General category ... ►	16e
	f Other	16f
	Deductions allocated and apportioned at partner level	
	g Interest expense ►	16g
	h Other	16h
	Deductions allocated and apportioned at partnership level to foreign source income	
Other Information	i Passive category ►	16i
	j General category ... ►	16k
	k Other	16l
	l Total foreign taxes (check one): ► Paid <input type="checkbox"/> Accrued <input type="checkbox"/>	16m
Other Information	m Reduction in taxes available for credit (attach statement)	16n
	n Other foreign tax information (attach statement)	16o
	17 a Post-1986 depreciation adjustment	17a
	b Adjusted gain or loss	17b
Other Information	c Depletion (other than oil and gas)	17c
	d Oil, gas, and geothermal properties - gross income	17d
	e Oil, gas, and geothermal properties - deductions	17e
	f Other AMT items (attach statement)	17f
Other Information	18 a Tax-exempt interest income	18a
	b Other tax-exempt income	18b
	c Nondeductible expenses	18c
	19 a Distributions of cash and marketable securities	19a
Other Information	b Distributions of other property	19b
	20 a Investment income	20a
	b Investment expenses	20b
	c Other items and amounts (attach statement)	20c

Analysis of Net Income (Loss)

1 Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 16l	1		
2 Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)
a General partners			(iv) Partnership
b Limited partners			(v) Exempt Organization

Schedule L Balance Sheets per Books

Assets	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
1 Cash				
2a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (attach statement)				
7a Loans to partners (or persons related to partners)				
b Mortgage and real estate loans				
8 Other investments (attach statement)				
9a Buildings and other depreciable assets				
b Less accumulated depreciation				
10a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)				
12a Intangible assets (amortizable only)				
b Less accumulated amortization				
13 Other assets (attach statement)				
14 Total assets				
Liabilities and Capital				
15 Accounts payable				
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities (attach statement)				
18 All nonrecourse loans				
19a Loans from partners (or persons related to partners)				
b Mortgages, notes, bonds payable in 1 year or more				
20 Other liabilities (attach statement)				
21 Partners' capital accounts				
22 Total liabilities and capital				

STATEMENT 2

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note. The partnership may be required to file Schedule M-3 (see instructions).

1 Net income (loss) per books		6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		a Tax-exempt interest \$	
3 Guaranteed payments (other than health insurance)		7 Deductions included on Schedule K, lines 1 through 13d, and 16l, not charged against book income this year (itemize):	
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16l (itemize):		a Depreciation \$	
a Depreciation \$		8 Add lines 6 and 7	
b Travel and entertainment \$		9 Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	
5 Add lines 1 through 4			

Schedule M-2 Analysis of Partners' Capital Accounts

1 Balance at beginning of year		6 Distributions: a Cash	
2 Capital contributed: a Cash		b Property	
b Property		7 Other decreases (itemize):	
3 Net income (loss) per books		8 Add lines 6 and 7	
4 Other increases (itemize):		9 Balance at end of year. Subtract line 8 from line 5	
5 Add lines 1 through 4			

Cost of Goods Sold

► Attach to Form 1120, 1120-C, 1120-F, 1120S, 1065, or 1065-B.
 ► Information about Form 1125-A and its instructions is at www.irs.gov/form1125a.

Name

SDM HOLDINGS LLC

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions	8	

SEE STATEMENT 4

9a Check all methods used for valuing closing inventory:

- (i) Cost
- (ii) Lower of cost or market
- (iii) Other (Specify method used and attach explanation) ►

- b Check if there was a writedown of subnormal goods ►
- c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ►
- d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO **9d**
- e If property is produced or acquired for resale, do the rules of Section 263A apply to the entity? See instructions Yes No
- f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? Yes No
If "Yes," attach explanation.

For Paperwork Reduction Act Notice, see separate instructions.

Form 1125-A (Rev. 10-2016)

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OTHER

OMB No. 1545-0172

2017Department of the Treasury
Internal Revenue Service (99)Attachment
Sequence No. 179

Name(s) shown on return

Business or activity to which this form relates

Identifying number

SDM HOLDINGS LLC

* * - * * * * *

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1
2 Total cost of section 179 property placed in service (see instructions)	2
3 Threshold cost of section 179 property before reduction in limitation	3
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost	

7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12 ►	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2017	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ►	<input type="checkbox"/>	

Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property	/					
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		27.5 yrs.	MM	S/L	
	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

20a Class life	/			S/L	
b 12-year			12 yrs.		
c 40-year		/	40 yrs.	MM	

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a	Do you have evidence to support the business/investment use claimed?		Yes	No	24b	If "Yes," is the evidence written?	Yes	No	
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25	Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26	Property used more than 50% in a qualified business use:		%						
			%						
			%						
27	Property used 50% or less in a qualified business use:		%			S/L -			
			%			S/L -			
			%			S/L -			
28	Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28		
29	Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30	Total business/investment miles driven during the year (don't include commuting miles)	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
31	Total commuting miles driven during the year												
32	Total other personal (noncommuting) miles driven.....												
33	Total miles driven during the year. Add lines 30 through 32												
34	Was the vehicle available for personal use during off-duty hours?												
35	Was the vehicle used primarily by a more than 5% owner or related person?												
36	Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons.

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

	Amortization					
	(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42	Amortization of costs that begins during your 2017 tax year:					
43	Amortization of costs that began before your 2017 tax year				43	
44	Total.				44	

FORM 1065

OTHER DEDUCTIONS

STATEMENT 1

[REDACTED]	[REDACTED]	[REDACTED]

FORM 1065

PARTNERS' CAPITAL ACCOUNT SUMMARY

STATEMENT 3

PARTNER NUMBER	BEGINNING CAPITAL	CAPITAL CONTRIBUTED	SCHEDULE M-2 LNS 3, 4 & 7	WITHDRAWALS	ENDING CAPITAL
2	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
3	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
4	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
5	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
6	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
-	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

FORM 1125-A

OTHER COSTS

STATEMENT 4

[REDACTED]

[REDACTED]

Schedule K-1
(Form 1065)

Department of the Treasury
Internal Revenue Service

beginning [redacted]

ending [redacted]

2017

For calendar year 2017, or tax year

 Final K-1 Amended K-1

OMB No. 1545-0123

**Partner's Share of Income, Deductions,
Credits, etc.**

► See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number
-**

B Partnership's name, address, city, state, and ZIP code

SDM HOLDINGS LLC
35 TOWER LANE
AVON, CT 06001

C IRS Center where partnership filed return
E-FILE

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number
-**

F Partner's name, address, city, state, and ZIP code

CAROLINE FINANCIAL GROUP
35 TOWER LANE
AVON, CT 06001

G General partner or LLC
member-manager Limited partner or other LLC
member

H Domestic partner Foreign partner

I1 What type of entity is this partner? CORPORATION

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here

J Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	24.000000%	24.000000%
Loss	24.000000%	24.000000%
Capital	24.000000%	24.000000%

K Partner's share of liabilities at year end:

Nonrecourse	\$ [redacted]
Qualified nonrecourse financing	\$ [redacted]
Recourse	\$ [redacted]

**Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items**

1 Ordinary business income (loss)		15 Credits
2 Net rental real estate income (loss)		
3 Other net rental income (loss)		
4 Guaranteed payments		
5 Interest income		
6a Ordinary dividends		17 Alternative min tax (AMT) items
6b Qualified dividends		
7 Royalties		
8 Net short-term capital gain (loss)		18 Tax-exempt income and nondeductible expenses
9a Net long-term capital gain (loss)		
9b Collectibles (28%) gain (loss)		19 Distributions
9c Unrecaptured sec 1250 gain		
10 Net section 1231 gain (loss)		20 Other information
11 Other income (loss)		
12 Section 179 deduction		
13 Other deductions		
14 Self-employment earnings (loss)		

For IRS Use Only

*See attached statement for additional information.

L Partner's capital account analysis:

Beginning capital account	\$ [redacted]
Capital contributed during the year	\$ [redacted]
Current year increase (decrease)	\$ [redacted]
Withdrawals & distributions	\$([redacted])
Ending capital account	\$ [redacted]

Tax basis GAAP Section 704(b) book
 Other (explain)

M Did the partner contribute property with a built-in gain or loss?

Yes No

If "Yes," attach statement (see instructions)

Schedule K-1
(Form 1065)

Department of the Treasury
Internal Revenue Service

beginning [REDACTED]

ending [REDACTED]

2017

For calendar year 2017, or tax year

 Final K-1 Amended K-1

OMB No. 1545-0123

**Partner's Share of Income, Deductions,
Credits, etc.**

► See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number
-***

B Partnership's name, address, city, state, and ZIP code

SDM HOLDINGS LLC
35 TOWER LANE
AVON, CT 06001

C IRS Center where partnership filed return
E-FILE

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number
-***

F Partner's name, address, city, state, and ZIP code

ALLIANCE CHARITABLE TRUST
35 TOWER LANE
AVON, CT 06001

G General partner or LLC member-manager Limited partner or other LLC member

H Domestic partner Foreign partner

I1 What type of entity is this partner? **TRUST**

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here

J Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	19.0000000%	19.0000000%
Loss	19.0000000%	19.0000000%
Capital	19.0000000%	19.0000000%

K Partner's share of liabilities at year end:

Nonrecourse	\$ [REDACTED]
Qualified nonrecourse financing	\$ [REDACTED]
Recourse	\$ [REDACTED]

**Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items**

1 Ordinary business income (loss)		15 Credits
2 Net rental real estate income (loss)		
3 Other net rental income (loss)		
4 Guaranteed payments		
5 Interest income		
6a Ordinary dividends		
6b Qualified dividends		
7 Royalties		
8 Net short-term capital gain (loss)		
9a Net long-term capital gain (loss)		
9b Collectibles (28%) gain (loss)		
10 Net section 1231 gain (loss)		
11 Other income (loss)		
12 Section 179 deduction		
13 Other deductions		
14 Self-employment earnings (loss)		

*See attached statement for additional information.

For IRS Use Only

L Partner's capital account analysis:

Beginning capital account	\$ [REDACTED]
Capital contributed during the year	\$ [REDACTED]
Current year increase (decrease)	\$ [REDACTED]
Withdrawals & distributions	\$([REDACTED])
Ending capital account	\$ [REDACTED]

Tax basis GAAP Section 704(b) book

Other (explain)

M Did the partner contribute property with a built-in gain or loss?

Yes No

If "Yes," attach statement (see instructions)

Schedule K-1
(Form 1065)

Department of the Treasury
Internal Revenue Service

beginning [REDACTED]

ending [REDACTED]

2017

For calendar year 2017, or tax year

 Final K-1 Amended K-1

OMB No. 1545-0123

**Partner's Share of Income, Deductions,
Credits, etc.**

► See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number
**-*-*-*-*-*

B Partnership's name, address, city, state, and ZIP code

SDM HOLDINGS LLC
35 TOWER LANE
AVON, CT 06001

C IRS Center where partnership filed return
E-FILE

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number
**-*-*-*-*-*

F Partner's name, address, city, state, and ZIP code

AVON TRUST
35 TOWER LANE
AVON, CT 06001

G General partner or LLC member-manager
 Domestic partner

Limited partner or other LLC member
 Foreign partner

I1 What type of entity is this partner? **TRUST**

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here

J Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	19.0000000%	19.0000000%
Loss	19.0000000%	19.0000000%
Capital	19.0000000%	19.0000000%

K Partner's share of liabilities at year end:

Nonrecourse	\$ [REDACTED]
Qualified nonrecourse financing	\$ [REDACTED]
Recourse	\$ [REDACTED]

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1 Ordinary business income (loss)		15 Credits
2 Net rental real estate income (loss)		
3 Other net rental income (loss)		
4 Guaranteed payments		
5 Interest income		
6a Ordinary dividends		17 Alternative min tax (AMT) items
6b Qualified dividends		
7 Royalties		
8 Net short-term capital gain (loss)		18 Tax-exempt income and nondeductible expenses
9a Net long-term capital gain (loss)		
9b Collectibles (28%) gain (loss)		19 Distributions
9c Unrecaptured sec 1250 gain		
10 Net section 1231 gain (loss)		20 Other information
11 Other income (loss)		
12 Section 179 deduction		
13 Other deductions		
14 Self-employment earnings (loss)		

For IRS Use Only

*See attached statement for additional information.

L Partner's capital account analysis:

Beginning capital account	\$ [REDACTED]
Capital contributed during the year	\$ [REDACTED]
Current year increase (decrease)	\$ [REDACTED]
Withdrawals & distributions	\$ [REDACTED]
Ending capital account	\$ [REDACTED]

Tax basis GAAP Section 704(b) book
 Other (explain)

M Did the partner contribute property with a built-in gain or loss?

Yes No

If "Yes," attach statement (see instructions)

Schedule K-1
(Form 1065)

Department of the Treasury
Internal Revenue Service

beginning [REDACTED]

ending [REDACTED]

2017

For calendar year 2017, or tax year

 Final K-1 Amended K-1

OMB No. 1545-0123

**Partner's Share of Income, Deductions,
Credits, etc.**

► See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number
-***

B Partnership's name, address, city, state, and ZIP code

SDM HOLDINGS LLC
35 TOWER LANE
AVON, CT 06001

C IRS Center where partnership filed return
E-FILE

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number
-***

F Partner's name, address, city, state, and ZIP code

ATLANTIC TRUST
35 TOWER LANE
AVON, CT 06001

G General partner or LLC
member-manager

Limited partner or other LLC
member

H Domestic partner

Foreign partner

I1 What type of entity is this partner? **TRUST**

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here

J Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	19.0000000%	19.0000000%
Loss	19.0000000%	19.0000000%
Capital	19.0000000%	19.0000000%

K Partner's share of liabilities at year end:

Nonrecourse	\$ [REDACTED]
Qualified nonrecourse financing	\$ [REDACTED]
Recourse	\$ [REDACTED]

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1 Ordinary business income (loss)		15 Credits
2 Net rental real estate income (loss)		
3 Other net rental income (loss)		
4 Guaranteed payments		
5 Interest income		
6a Ordinary dividends		
6b Qualified dividends		
7 Royalties		
8 Net short-term capital gain (loss)		
9a Net long-term capital gain (loss)		
9b Collectibles (28%) gain (loss)		
10 Net section 1231 gain (loss)		
11 Other income (loss)		
12 Section 179 deduction		
13 Other deductions		
14 Self-employment earnings (loss)		
*See attached statement for additional information.		
For IRS Use Only		

L Partner's capital account analysis:

Beginning capital account	\$ [REDACTED]
Capital contributed during the year	\$ [REDACTED]
Current year increase (decrease)	\$ [REDACTED]
Withdrawals & distributions	\$ [REDACTED]
Ending capital account	\$ [REDACTED]

Tax basis GAAP Section 704(b) book

Other (explain)

M Did the partner contribute property with a built-in gain or loss?

Yes No

If "Yes," attach statement (see instructions)

Schedule K-1
(Form 1065)

Department of the Treasury
Internal Revenue Service

beginning [REDACTED]

ending [REDACTED]

2017

For calendar year 2017, or tax year

 Final K-1 Amended K-1

OMB No. 1545-0123

**Partner's Share of Income, Deductions,
Credits, etc.**

► See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number
-**

B Partnership's name, address, city, state, and ZIP code

SDM HOLDINGS LLC
35 TOWER LANE
AVON, CT 06001

C IRS Center where partnership filed return
E-FILE

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number
-**

F Partner's name, address, city, state, and ZIP code

PHOENIX CHARITABLE TRUST
35 TOWER LANE
AVON, CT 06001

G General partner or LLC member-manager
 Domestic partner

Limited partner or other LLC member
 Foreign partner

I1 What type of entity is this partner? **TRUST**

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here

J Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	19.0000000%	19.0000000%
Loss	19.0000000%	19.0000000%
Capital	19.0000000%	19.0000000%

K Partner's share of liabilities at year end:

Nonrecourse	\$ [REDACTED]
Qualified nonrecourse financing	\$ [REDACTED]
Recourse	\$ [REDACTED]

*See attached statement for additional information.

L Partner's capital account analysis:

Beginning capital account	\$ [REDACTED]
Capital contributed during the year	\$ [REDACTED]
Current year increase (decrease)	\$ [REDACTED]
Withdrawals & distributions	\$ [REDACTED]
Ending capital account	\$ [REDACTED]

For IRS Use Only

Tax basis GAAP Section 704(b) book
 Other (explain)

M Did the partner contribute property with a built-in gain or loss?

Yes No

If "Yes," attach statement (see instructions)

10651120SI1217V011019



Form CT-1065/CT-1120SI 2017

Connecticut Composite Income Tax Return
(Rev. 12/17)

Income year beginning ► 01012017 and ending ► 12312017

► SDM HOLDINGS LLC

► *****

► 35 TOWER LANE

► AVON

CT 06001 -

DRS Use
ONLY

--

Type of PE

- N Electing large partnership (ELP) ► N General partnership (GP) ► N S corporation
► N Limited liability partnership (LLP) ► N Limited partnership (LP) ► Y Partnership (LLC treated as a partnership)

Pass-Through Entity Information

A. Return type: ► N Final return (out of business in Connecticut) Date of dissolution:

N Amended return N Short period return Explanation:

B. N Change of address. See instructions, Page 16.

C. Number of noncorporate members: Resident ► 4 Nonresident ►
(RI, RE, RT) (NI, NE, NT, PE)

D. Business Code Number: ► 523900

E. Date business began: 01012010 Date business began in Connecticut: 01012010

F. PE owns, directly or indirectly, an interest in Connecticut real property. ► Y

G. A controlling interest in this PE was transferred. ► N

Transferor name:

SSN or FEIN:

Transferee name:

Date of transfer:

H. PE transferred a controlling interest in an entity that owns, directly or indirectly, an interest in Connecticut real property? ► N

Entity name:

FEIN:

Transferee name:

Date of transfer:

I. PE has deferred income in off shore investments or accounts. ► N

The PE reported the income in accordance with IRC §457A. ► N

Date income was reported: ► Amount of income reported: ►

If the income was not reported in accordance with IRC §457A, the tax year it will be reported. ►

10651120SI1217V011019



Part I Schedule A - PE Computation of Composite Tax Due

1. Total Connecticut-sourced income included in composite return from Part I, Schedule B, Line 10, Column C. 1. ►
2. Line 1 multiplied by 6.99% (.0699). 2. ►
3. Members' credits from Part I, Schedule B, Line 12, Column E. 3. ►
4. Tax liability: Line 3 subtracted from Line 2. 4. ►
5. Payment made with Form CT-1065/CT-1120SI EXT. 5. ►
6. Parent PE only: Amount from Part I, Schedule D, Line 10, Column C entered. 6. ►
7. Total of Line 5 and Line 6. 7. ►
8. Amount to be refunded to PE: If Line 7 is more than Line 4, Line 4 subtracted from Line 7. 8. ►
- 8a. Acct. type: ► Ck ► Sv. 8b. Rout. # ► 8c. Acct. # ►
- 8d. Refund going to a bank account outside the U.S. 8d. ►
9. Amount of tax owed: If Line 4 is more than Line 7, Line 7 subtracted from Line 4. 9. ►
10. If late, penalty is entered. See instructions. 10. ►
11. If late, interest is entered. Line 9 multiplied by 1% (.01). The result is multiplied by the number of months or fraction of a month late. 11. ►
12. **Balance due with this return:** Total of Lines 9 through 11. 12. ►

Paper returns may **only** be submitted by taxpayers who have been granted an electronic filing waiver from DRS or amended returns.
 To pay by mail, make check payable to **Commissioner of Revenue Services**.
 Mail return **with** payment to: Department of Revenue Services, State of Connecticut, PO Box 5019, Hartford CT 06102-5019.
 Mail return **without** payment to: Department of Revenue Services, State of Connecticut, PO Box 2967, Hartford CT 06104-2967.

Sign Here - Keep a copy for your records.

Signature of general partner or corporate officer

Date

Title

Telephone number

MEMBER

DRS may contact the preparer shown below about this return.

Y

Email of general partner or corporate officer

Paid preparer's name

Paid preparer's signature

Date

Preparer's SSN or PTIN

RONALD LARROW, CPA

09162018 ►

Firm's name, address, and ZIP code

SIMIONE MACCA & LARROW, LLP
4130 WHITNEY AVENUE
HAMDEN, CT 06518

Firm's FEIN

Telephone number

2032810540

Self-employed

N

10651120SI1217V021019



Part I Schedule B - PE Member Composite Return (Attach supplemental attachment(s), if needed.)

	Column A Member # (From Part IV)	Column B Identification Number (See instructions.)	Column C Connecticut-Sourced Income (See instructions.)	Column D Multiply Column C by 6.99% (0.0699)	Column E Members' Credit (Schedule CT K-1, Part IV, Line 5, Col. B)	Column F CT Income Tax Liability (Column D minus Column E)
1.	►	►			►	
2.	►	►			►	
3.	►	►			►	
4.	►	►			►	
5.	►	►			►	
6.	►	►			►	
7.	►	►			►	
8.	►	►			►	
9.	Subtotal(s) from supplemental attachment(s)					
10.	Total of Lines 1 through 9, Column C.					
	Amount entered here and on Part I, Sch. A, Line 1.					
11.	Total of Lines 1 through 9, Column D.					
12.	Total of Lines 1 through 9, Column E. Amount entered here and on Part I, Schedule A, Line 3.					
13.	Total composite return tax liability: Total of Lines 1 through 9, Column F.					

Part I Schedule C - Federal Schedule K Information (Form 1065 or Form 1120S)

	Column A Amounts Reported by This PE on Federal Schedule K	Column B Amount From Subsidiary PE(s)	Column C Column A minus Column B
1. Ordinary business income (loss)	1. ►		
2. Net rental real estate income (loss)	2. ►		
3. Other net rental income (loss)	3. ►		
4. Guaranteed payments	4. ►		
5. Interest income	5. ►		
6a. Ordinary dividends	6a. ►		
6b. Qualified dividends	6b. ►		
7. Royalties	7. ►		
8. Net short-term capital gain (loss)	8. ►		
9a. Net long-term capital gain (loss)	9a. ►		
9b. Collectibles (28%) gain (loss)	9b. ►		
9c. Unrecaptured section 1250 gain	9c. ►		
10. Net section 1231 gain (loss)	10. ►		
11. Other income (loss): Attach statement.	11. ►		
12. Section 179 deduction	12. ►		
13. Other deductions: Attach statement.	13. ►		

10651120SI1217V031019



Part I Schedule D - Connecticut-Sourced Income From Subsidiary PE(s) (Attach supplemental attachment(s), if needed.)

Name of Subsidiary PE	FEIN	Column A Amount Reported on Federal K-1	Column B Amount From Connecticut Sources	Column C CT Income Tax Liability Sch. CT-K-1, Part III, Line 1
1.►	►			
2.►	►			
3.►	►			
4.►	►			
5.►	►			
6.►	►			
7.►	►			
8.►	►			

9. Subtotal(s) from supplemental attachment(s)

10. Total of Lines 1 through 9, Column C.

Amount entered here and on Part I, Sch. A, Line 6.

Part II - Allocation and Apportionment of Income

		Column A Connecticut	Column B Everywhere
1. Gross receipts from sale of tangible property	1. ►		
2. Gross receipts from services	2. ►		
3. Gross receipts from rental, lease, license of tangible property	3. ►		
4. Gross receipts from rental, lease, license of intangible property	4. ►		
5. Gross receipts from sale of intangible property	5. ►		
6. Other	6. ►		
7. Total: Total of Lines 1 through 6, in Column A and Column B.	7. ►		
8. Apportionment fraction: Divide Line 7, Column A, by Line 7, Column B, and carry to six places.			



Part III - Place(s) of Business (Attach supplemental attachment(s), if needed.)

Location	Description	Owned or Rented to PE	Activity
1.			
2.			
3.			
4.			

Part IV - Member Information (Attach supplemental attachment(s), if needed.)

Member number	Member type code	Member FEIN or SSN	Profit Sharing %	Loss Sharing %	Capital Ownership %
► 3	► RT	► *****	Entered as a decimal.	Entered as a decimal.	Entered as a decimal.
Name					
► ALLIANCE CHARITABLE TRUST			► 0.190000	► 0.190000	► 0.190000
Street address					
► 35 TOWER LANE					
City/town	State	ZIP code			
► AVON	► CT	► 06001			
Member number	Member type code	Member FEIN or SSN	Profit Sharing %	Loss Sharing %	Capital Ownership %
► 4	► RT	► *****	Entered as a decimal.	Entered as a decimal.	Entered as a decimal.
Name					
► AVON TRUST			► 0.190000	► 0.190000	► 0.190000
Street address					
► 35 TOWER LANE					
City/town	State	ZIP code			
► AVON	► CT	► 06001			
Member number	Member type code	Member FEIN or SSN	Profit Sharing %	Loss Sharing %	Capital Ownership %
► 5	► RT	► *****	Entered as a decimal.	Entered as a decimal.	Entered as a decimal.
Name					
► ATLANTIC TRUST			► 0.190000	► 0.190000	► 0.190000
Street address					
► 35 TOWER LANE					
City/town	State	ZIP code			
► AVON	► CT	► 06001			
Member number	Member type code	Member FEIN or SSN	Profit Sharing %	Loss Sharing %	Capital Ownership %
► 6	► RT	► *****	Entered as a decimal.	Entered as a decimal.	Entered as a decimal.
Name					
► PHOENIX CHARITABLE TRUST			► 0.190000	► 0.190000	► 0.190000
Street address					
► 35 TOWER LANE					
City/town	State	ZIP code			
► AVON	► CT	► 06001			

10651120SI1217V051019



* * * * *

Part V - Member's Share of Connecticut Modifications (Attach supplemental attachment(s), if needed.)

Member number

Member number

Member number

Totals for All Members

Additions:

1. Interest on state and local government obligations other than Connecticut 1. ►
 2. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations 2. ►
 3. Certain deductions relating to income exempt from Connecticut income tax 3. ►
 4. *Reserved for future use.* 4.
 5. Other
Specify: 5. ►

Subtractions:

- | | |
|---|-------|
| 6. Interest on U.S. government obligations | 6. ► |
| 7. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations | 7. ► |
| 8. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax | 8. ► |
| 9. <i>Reserved for future use.</i> | 9. |
| 10. Other
Specify: | 10. ► |



Part VI - Connecticut-Sourced Portion of Items From Federal Schedule K-1 of Form 1065 or Form 1120S.

(Attach supplemental attachment(s), if needed.)

Member's share of Connecticut
modifications from Part V included.

Member number

Member number

Member number

Totals for All
Members

- | | |
|---|-------|
| 1. Ordinary business income (loss) | 1. ► |
| 2. Net rental real estate income (loss) | 2. ► |
| 3. Other net rental income (loss) | 3. ► |
| 4. Guaranteed payments | 4. ► |
| 5. Interest income | 5. ► |
| 6a. Ordinary dividends | 6a. ► |
| 6b. Qualified dividends | 6b. ► |
| 7. Royalties | 7. ► |
| 8. Net short-term capital gain (loss) | 8. ► |
| 9a. Net long-term capital gain (loss) | 9a. ► |
| 9b. Collectibles (28%) gain (loss) | 9b. ► |
| 9c. Unrecaptured section 1250 gain | 9c. ► |
| 10. Net section 1231 gain (loss) | 10. ► |
| 11. Other income (loss):
Attach statement. | 11. ► |
| 12. Section 179 deduction | 12. ► |
| 13. Other deductions:
Attach statement. | 13. ► |

Part VII - Connecticut Income Tax Credit Summary

(Attach supplemental attachment(s), if needed.)

Member number

Member number

Member number

Totals for All
Members

- | | |
|--|------|
| 1. Reserved for future use. | 1. |
| 2. Reserved for future use. | 2. |
| 3. Angel investor tax credit | 3. ► |
| 4. Insurance reinvestment fund
tax credit | 4. ► |
| 5. Total credits: Total of Line 3
and Line 4. | 5. |

10651120SI1217V071019

Form CT-1065/1120SI

Do not send this sheet with your return.

Checklist for filing your Connecticut Income Tax Return for Composite Returns:

1. Be sure that the return is not printed on the back of this sheet.
2. Verify that the address lines are correct and proper abbreviations are used.
3. Do not attempt to remove or modify the solid boxes that print out. Altering target marks may affect the processing of your return.
4. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
5. Do not make manual (hand written or typed) corrections; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
6. Make check payable to: **Commissioner of Revenue Services**
7. To ensure proper posting, write your TID (optional) and **"2017 Form CT-1065/CT-1120SI"** on your check.
8. File amended returns and returns where an electronic filing waiver has been granted to the corresponding address listed below.

Mail paper return **with payment** to:
Department of Revenue Services
State of Connecticut
PO Box 5019
Hartford CT 06102-5019

Mail paper return **without payment** to:
Department of Revenue Services
State of Connecticut
PO Box 2967
Hartford CT 06104-2967

9. Verify that all fields print completely and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.

Do not send this sheet with your return.

Do Not File

Part IV - Member Information

Member #	Member Name and Address See instructions for order in which to list and for member type codes.	Member Type Code	FEIN or SSN	Profit Sharing % Enter as a decimal.	Loss Sharing % Enter as a decimal.	Capital Ownership % Enter as a decimal.
2	CAROLINE FINANCIAL GROUP					
	AVON, CT 06001	► CM	► **-*****	► .24000	► .24000	► .24000

Part V - Member's Share of Connecticut Modifications

	Member	Member	Member	Member
Additions: Enter all amounts as positive numbers.	#	#	#	#
1. Interest on state and local government obligations other than Connecticut Mutual fund exempt-interest	1.			
2. dividends from non-Connecticut state or municipal government obligations	2.			
3. Certain deductions relating to income exempt from Connecticut income tax	3.			
4. Reserved for future use	4.			
5. Other - specify:	5.			
Subtractions: Enter all amounts as				
6. Interest on U.S. government obligations	6.			
7. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	7.			
8. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax	8.			
9. Reserved for future use	9.			
10. Other - specify:	10.			

Part VI - Connecticut-Sourced Portion of Items From Federal Schedule K-1 of Form 1065 or Form 1120S

Include member's share of Connecticut modifications from Part V.

Member # _____	Member # _____	Member # _____	Member # _____
1. Ordinary business income (loss)	1.		
2. Net rental real estate income (loss)	2.		
3. Other net rental income (loss)	3.		
4. Guaranteed payments	4.		
5. Interest income	5.		
6a. Ordinary dividends	6a.		
6b. Qualified dividends	6b.		
7. Royalties	7.		
8. Net short-term capital gain (loss)	8.		
9a. Net long-term capital gain (loss)	9a.		
9b. Collectibles (28%) gain (loss)	9b.		
9c. Unrecaptured section 1250 gain	9c.		
10. Net section 1231 gain (loss)	10.		
11. Other income (loss): Attach statement	11.		
12. Section 179 deduction	12.		
13. Other deductions: Attach statement	13.		

Part VII - Connecticut Income Tax Credit Summary

Member # _____ 5	Member # _____ 6	Member # _____	Member # _____
1. Reserved for future use	1.		
2. Reserved for future use	2.		
3. Angel investor tax credit	3.		
4. Insurance reinvestment fund tax credit	4.		
5. Total credits: Add Line 3 and Line 4	5.		

Form CT K-1T
Transmittal of Schedule CT K-1,
Member's Share of Certain Connecticut Items

2017

For DRS use only
- - 20

Complete this form in blue or black ink only.

Pass-Through Entity Information

► Federal Employer ID Number (FEIN) ** - * * * * *	CT Tax Registration Number
► Pass-through entity name SDM HOLDINGS LLC	
► Number and street address 35 TOWER LANE	PO Box
► City or town AVON, CT 06001	State ZIP code

Part I - Schedule CT K-1s Submitted

1. Total number of Schedule CT K-1s submitted with this Form CT K-1T	► 1.	5
--	------	---

Part II - Number of Members

	Column A Number of Members	Column B Ownership Percentage by Member Type
1. Resident (RI, RT, RE)	► 4	.760000
2. Nonresident (NI, NT, NE, PE)	► 0	.000000
3. Corporate (CM)	► 1	.240000

Part III - Summary of Schedule CT K-1 Information

1. Total Connecticut-sourced income (NI, NT, NE)	► 1.	
2. Total Connecticut-sourced income (PE)	► 2.	
3. Connecticut-sourced income: Amount from Form CT-1065/CT-1120SI, Part I, Schedule A, Line 1.	► 3.	
4. Connecticut tax liability: Amount from Form CT-1065/CT-1120SI, Part I, Schedule A, Line 4.	► 4.	

Part IV - Summary of Income Tax Credits

	Total Credit Allocated to Members
1. Reserved for future use	► 1.
2. Reserved for future use	► 2.
3. Angel investor tax credit	► 3.
4. Insurance reinvestment fund tax credit	► 4.
5. Total credits earned in 2017: Add Line 3 and Line 4.	► 5.

Do not attach Form CT K-1T or copies of **Schedule CT K-1, Member's Share of Certain Connecticut Items** to Form CT-1065/CT-1120SI, Connecticut Composite Income Tax Return. Form CT K-1T and copies of Schedule CT K-1 **must be mailed separately** if filing by paper.

Attach Schedule CT K-1s to Form CT K-1T and
mail to:
Department of Revenue Services
State of Connecticut
PO Box 150420
Hartford CT 06115 - 0420

A penalty of \$5 per schedule (up to a total of \$2,000 per calendar year) will be imposed for failure to provide a copy of Schedule CT K-1 to DRS unless the failure is due to reasonable cause and not to willful neglect.

Declaration: I declare under the penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) is a fine of not more than \$5,000, imprisonment for not more than five years, or both.

Sign Here Keep a copy of this return for your records.	Signature	Date
	Title	Telephone number



Schedule CT K-1
Member's Share of Certain Connecticut Items

2

2017

Complete in blue or black ink only.

For calendar year 2017 or other taxable year ► beginning _____, 2017, and ► ending _____.

Pass-through entity (PE) information		Member information		
Federal Employer ID Number (FEIN) ► * * - * * * * * *	CT Tax Registration Number ►	Member's Social Security Number (SSN) or FEIN ► * * - * * * * * *		
Name ► SDM HOLDINGS LLC		Name ► CAROLINE FINANCIAL GROUP		
Number and street address ► 35 TOWER LANE	PO Box	Number and street address ► 35 TOWER LANE	PO Box	
City or town ► AVON, CT 06001	State	ZIP code	City or town ► AVON, CT 06001	State ZIP code
Check the box if this is an amended or a final Schedule CT K-1. ► <input type="checkbox"/> Amended Schedule CT K-1 ► <input type="checkbox"/> Final Schedule CT K-1				
Type of member (check one): ► <input type="checkbox"/> RI ► <input type="checkbox"/> RE ► <input type="checkbox"/> RT ► <input type="checkbox"/> PE ► <input type="checkbox"/> NI ► <input type="checkbox"/> NE ► <input type="checkbox"/> NT ► <input checked="" type="checkbox"/> CM				

Part I - Connecticut Modifications

From Form CT-1065/CT-1120SI, Part V

Additions Enter all amounts as positive numbers.

1. Interest on state and local obligations other than Connecticut ► 1
2. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations ► 2
3. Certain deductions relating to income exempt from Connecticut income tax ► 3
4. Reserved for future use ► 4
5. Other - specify ► 5

Subtractions Enter all amounts as positive numbers.

6. Interest on U.S. government obligations ► 6
7. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations ► 7
8. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax ► 8
9. Reserved for future use ► 9
10. Other - specify ► 10

Part II - Connecticut-Sourced Portion of Items From Federal Schedule K-1 of Form 1065 or 1120S

Column A

From Federal Schedule K-1

From Form CT-1065/CT-1120SI, Part VI

1. Ordinary business income (loss)
2. Net rental real estate income (loss)
3. Other net rental income (loss)
4. Guaranteed payments
5. Interest income
- 6a. Ordinary dividends
- 6b. Qualified dividends
7. Royalties
8. Net short-term capital gain (loss)
- 9a. Net long-term capital gain (loss)
- 9b. Collectibles 28% gain (loss)
- 9c. Unrecaptured section 1250 gain
10. Net section 1231 gain (loss)
11. Other income (loss): Attach statement
12. Section 179 deduction
13. Other deductions: Attach statement

1.
2.
3.
4.
5.
6a.
6b.
7.
8.
9a.
9b.
9c.
10.
11.
12.
13.

Part III - Connecticut Income Tax Information

1. Member's Connecticut income tax liability as reported by the PE for the member on Form CT-1065/CT-1120SI, Part I, Schedule B, Column F

► 1.

Part IV - Connecticut Income Tax Credit Summary

	Column A Total credit earned by member in 2017 (from Form CT-1065/CT-1120SI, Part VII)	Column B Credit allowed on behalf of member on composite return (amounts from worksheet below)
1. Reserved for future use.	1.	
2. Reserved for future use.	2.	
3. Angel investor tax credit	3.	
4. Insurance reinvestment fund tax credit	4.	
5. Total credits: Add Line 3 and Line 4.	5.	

Income Tax Credit Worksheet

Completed for nonresident, noncorporate, and PE members only.	Column A Tax credit limitation	Column B 2017 credit amount earned (enter amounts from Part IV, Column A)	Column C Amount of credit applied to 2017 income tax liability
1. Income tax liability: PE should enter member's amount from Form CT-1065/CT-1120SI, Part I, Schedule B, Column D.	1.		
2. Reserved for future use.	2.		
3. Reserved for future use.	3.		
4. Reserved for future use.	4.		
5. Reserved for future use.	5.		
6. Angel investor tax credit: Enter in Column C the lesser of Line 6, Column B, or Line 1, Column A.	6.		
7. Balance of income tax liability: Subtract Line 6, Column C from Line 1, Column A. If less than zero, enter "0."	7.		
8. Insurance reinvestment fund tax credit: Enter in Column C the lesser of Line 8, Column B, or Line 7, Column A.	8.		

Department of Revenue Services
State of Connecticut
(Rev. 12/17)
SCHK1 1217V 01 1019



Schedule CT K-1

Member's Share of Certain Connecticut Items

Complete in blue or black ink only.

For calendar year 2017 or other taxable year ► beginning _____, 2017, and ► ending _____.

Pass-through entity (PE) information		Member information		
Federal Employer ID Number (FEIN) ► * * - * * * * * *	CT Tax Registration Number ►	Member's Social Security Number (SSN) or FEIN ► * * - * * * * * *		
Name ► SDM HOLDINGS LLC		Name ► ALLIANCE CHARITABLE TRUST		
Number and street address ► 35 TOWER LANE	PO Box	Number and street address ► 35 TOWER LANE	PO Box	
City or town ► AVON, CT 06001	State	ZIP code	City or town ► AVON, CT 06001	State ZIP code
Check the box if this is an amended or a final Schedule CT K-1. ► <input type="checkbox"/> Amended Schedule CT K-1 ► <input type="checkbox"/> Final Schedule CT K-1				
Type of member (check one): ► <input type="checkbox"/> RI ► <input type="checkbox"/> RE ► <input checked="" type="checkbox"/> RT ► <input type="checkbox"/> PE ► <input type="checkbox"/> NI ► <input type="checkbox"/> NE ► <input type="checkbox"/> NT ► <input type="checkbox"/> CM				

Part I - Connecticut Modifications

From Form CT-1065/CT-1120SI, Part V

Additions Enter all amounts as positive numbers.

1. Interest on state and local obligations other than Connecticut
2. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations
3. Certain deductions relating to income exempt from Connecticut income tax
4. Reserved for future use
5. Other - specify

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

Subtractions Enter all amounts as positive numbers.

6. Interest on U.S. government obligations
7. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations
8. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax
9. Reserved for future use
10. Other - specify

6.
7.
8.
9.
10.

Part II - Connecticut-Sourced Portion of Items From Federal Schedule K-1 of Form 1065 or 1120S

Column A

From Federal Schedule K-1

From Form CT-1065/CT-1120SI, Part VI

1. Ordinary business income (loss)
2. Net rental real estate income (loss)
3. Other net rental income (loss)
4. Guaranteed payments
5. Interest income
- 6a. Ordinary dividends
- 6b. Qualified dividends
7. Royalties
8. Net short-term capital gain (loss)
- 9a. Net long-term capital gain (loss)
- 9b. Collectibles 28% gain (loss)
- 9c. Unrecaptured section 1250 gain
10. Net section 1231 gain (loss)
11. Other income (loss): Attach statement
12. Section 179 deduction
13. Other deductions: Attach statement

1.
2.
3.
4.
5.
6a.
6b.
7.
8.
9a.
9b.
9c.
10.
11.
12.
13.

Part III - Connecticut Income Tax Information

1. Member's Connecticut income tax liability as reported by the PE for the member on Form CT-1065/CT-1120SI, Part I, Schedule B, Column F

1

Part IV - Connecticut Income Tax Credit Summary

	Column A Total credit earned by member in 2017 (from Form CT-1065/CT-1120SI, Part VII)	Column B Credit allowed on behalf of member on composite return (amounts from worksheet below)
1. Reserved for future use.	1.	
2. Reserved for future use.	2.	
3. Angel investor tax credit	3.	
4. Insurance reinvestment fund tax credit	4.	
5. Total credits: Add Line 3 and Line 4.	5.	

Income Tax Credit Worksheet

Completed for nonresident, noncorporate, and PE members only.	Column A Tax credit limitation	Column B 2017 credit amount earned (enter amounts from Part IV, Column A)	Column C Amount of credit applied to 2017 income tax liability
1. Income tax liability: PE should enter member's amount from Form CT-1065/CT-1120SI, Part I, Schedule B, Column D.	1.		
2. Reserved for future use.	2.		
3. Reserved for future use.	3.		
4. Reserved for future use.	4.		
5. Reserved for future use.	5.		
6. Angel investor tax credit: Enter in Column C the lesser of Line 6, Column B, or Line 1, Column A.	6.		
7. Balance of income tax liability: Subtract Line 6, Column C from Line 1, Column A. If less than zero, enter "0."	7.		
8. Insurance reinvestment fund tax credit: Enter in Column C the lesser of Line 8, Column B, or Line 7, Column A.	8.		

Department of Revenue Services
State of Connecticut
(Rev. 12/17)
SCHK1 1217V 01 1019



Schedule CT K-1

Member's Share of Certain Connecticut Items

Complete in blue or black ink only.

For calendar year 2017 or other taxable year ► beginning _____, 2017, and ► ending _____.

Pass-through entity (PE) information		Member information		
Federal Employer ID Number (FEIN) ► * * - * * * * * *	CT Tax Registration Number ►	Member's Social Security Number (SSN) or FEIN ► * * - * * * * * *		
Name ► SDM HOLDINGS LLC		Name ► AVON TRUST		
Number and street address ► 35 TOWER LANE	PO Box	Number and street address ► 35 TOWER LANE	PO Box	
City or town ► AVON, CT 06001	State	ZIP code	City or town ► AVON, CT 06001	State ZIP code
Check the box if this is an amended or a final Schedule CT K-1. ► <input type="checkbox"/> Amended Schedule CT K-1 ► <input type="checkbox"/> Final Schedule CT K-1				
Type of member (check one): ► <input type="checkbox"/> RI ► <input type="checkbox"/> RE ► <input checked="" type="checkbox"/> RT ► <input type="checkbox"/> PE ► <input type="checkbox"/> NI ► <input type="checkbox"/> NE ► <input type="checkbox"/> NT ► <input type="checkbox"/> CM				

Part I - Connecticut Modifications

From Form CT-1065/CT-1120SI, Part V

Additions Enter all amounts as positive numbers.

1. Interest on state and local obligations other than Connecticut ► 1.
2. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations ► 2.
3. Certain deductions relating to income exempt from Connecticut income tax ► 3.
4. Reserved for future use ► 4.
5. Other - specify ► 5.

Subtractions Enter all amounts as positive numbers.

6. Interest on U.S. government obligations ► 6.
7. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations ► 7.
8. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax ► 8.
9. Reserved for future use ► 9.
10. Other - specify ► 10.

Part II - Connecticut-Sourced Portion of Items From Federal Schedule K-1 of Form 1065 or 1120S

Column A

From Federal Schedule K-1

From Form CT-1065/CT-1120SI, Part VI

1. Ordinary business income (loss)
2. Net rental real estate income (loss)
3. Other net rental income (loss)
4. Guaranteed payments
5. Interest income
- 6a. Ordinary dividends
- 6b. Qualified dividends
7. Royalties
8. Net short-term capital gain (loss)
- 9a. Net long-term capital gain (loss)
- 9b. Collectibles 28% gain (loss)
- 9c. Unrecaptured section 1250 gain
10. Net section 1231 gain (loss)
11. Other income (loss): Attach statement
12. Section 179 deduction
13. Other deductions: Attach statement

1.
2.
3.
4.
5.
6a.
6b.
7.
8.
9a.
9b.
9c.
10.
11.
12.
13.

Part III - Connecticut Income Tax Information

1. Member's Connecticut income tax liability as reported by the PE for the member on Form CT-1065/CT-1120SI, Part I, Schedule B, Column F ► 1.

Part IV - Connecticut Income Tax Credit Summary

	Column A Total credit earned by member in 2017 (from Form CT-1065/CT-1120SI, Part VII)	Column B Credit allowed on behalf of member on composite return (amounts from worksheet below)
1. Reserved for future use.	1.	
2. Reserved for future use.	2.	
3. Angel investor tax credit	3.	
4. Insurance reinvestment fund tax credit	4.	
5. Total credits: Add Line 3 and Line 4.	5.	

Income Tax Credit Worksheet

Completed for nonresident, noncorporate, and PE members only.	Column A Tax credit limitation	Column B 2017 credit amount earned (enter amounts from Part IV, Column A)	Column C Amount of credit applied to 2017 income tax liability
1. Income tax liability: PE should enter member's amount from Form CT-1065/CT-1120SI, Part I, <i>Schedule B</i> , Column D.	1.		
2. Reserved for future use.	2.		
3. Reserved for future use.	3.		
4. Reserved for future use.	4.		
5. Reserved for future use.	5.		
6. Angel investor tax credit: Enter in Column C the lesser of Line 6, Column B, or Line 1, Column A.	6.		
7. Balance of income tax liability: Subtract Line 6, Column C from Line 1, Column A. If less than zero, enter "0."	7.		
8. Insurance reinvestment fund tax credit: Enter in Column C the lesser of Line 8, Column B, or Line 7, Column A.	8.		



Schedule CT K-1
Member's Share of Certain Connecticut Items

Complete in blue or black ink only.

For calendar year 2017 or other taxable year ► beginning _____, 2017, and ► ending _____.

Pass-through entity (PE) information		Member information		
Federal Employer ID Number (FEIN) ► * * - * * * * * *	CT Tax Registration Number ►	Member's Social Security Number (SSN) or FEIN ► * * - * * * * * *		
Name ► SDM HOLDINGS LLC		Name ► ATLANTIC TRUST		
Number and street address ► 35 TOWER LANE	PO Box	Number and street address ► 35 TOWER LANE	PO Box	
City or town ► AVON, CT 06001	State	ZIP code	City or town ► AVON, CT 06001	State ZIP code
Check the box if this is an amended or a final Schedule CT K-1. ► <input type="checkbox"/> Amended Schedule CT K-1 ► <input type="checkbox"/> Final Schedule CT K-1			Type of member (check one): ► <input type="checkbox"/> RI ► <input type="checkbox"/> RE ► <input checked="" type="checkbox"/> RT ► <input type="checkbox"/> PE ► <input type="checkbox"/> NI ► <input type="checkbox"/> NE ► <input type="checkbox"/> NT ► <input type="checkbox"/> CM	

Part I - Connecticut Modifications

From Form CT-1065/CT-1120SI, Part V

Additions Enter all amounts as positive numbers.

1. Interest on state and local obligations other than Connecticut ► 1.
2. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations ► 2.
3. Certain deductions relating to income exempt from Connecticut income tax ► 3.
4. Reserved for future use ► 4.
5. Other - specify ► 5.

Subtractions Enter all amounts as positive numbers.

6. Interest on U.S. government obligations ► 6.
7. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations ► 7.
8. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax ► 8.
9. Reserved for future use ► 9.
10. Other - specify ► 10.

Part II - Connecticut-Sourced Portion of Items From Federal Schedule K-1 of Form 1065 or 1120S

Column A

From Federal Schedule K-1

Column B

From Form CT-1065/CT-1120SI, Part VI

1. Ordinary business income (loss) 1.
2. Net rental real estate income (loss) 2.
3. Other net rental income (loss) 3.
4. Guaranteed payments 4.
5. Interest income 5.
- 6a. Ordinary dividends 6a.
- 6b. Qualified dividends 6b.
7. Royalties 7.
8. Net short-term capital gain (loss) 8.
- 9a. Net long-term capital gain (loss) 9a.
- 9b. Collectibles 28% gain (loss) 9b.
- 9c. Unrecaptured section 1250 gain 9c.
10. Net section 1231 gain (loss) 10.
11. Other income (loss): Attach statement 11.
12. Section 179 deduction 12.
13. Other deductions: Attach statement 13.

Part III - Connecticut Income Tax Information

1. Member's Connecticut income tax liability as reported by the PE for the member on Form CT-1065/CT-1120SI, Part I, Schedule B, Column F ► 1.

Part IV - Connecticut Income Tax Credit Summary

	Column A Total credit earned by member in 2017 (from Form CT-1065/CT-1120SI, Part VII)	Column B Credit allowed on behalf of member on composite return (amounts from worksheet below)
1. Reserved for future use.	1.	
2. Reserved for future use.	2.	
3. Angel investor tax credit	3.	
4. Insurance reinvestment fund tax credit	4.	
5. Total credits: Add Line 3 and Line 4.	5.	

Income Tax Credit Worksheet

Completed for nonresident, noncorporate, and PE members only.	Column A Tax credit limitation	Column B 2017 credit amount earned (enter amounts from Part IV, Column A)	Column C Amount of credit applied to 2017 income tax liability
1. Income tax liability: PE should enter member's amount from Form CT-1065/CT-1120SI, Part I, Schedule B, Column D.	1.		
2. Reserved for future use.	2.		
3. Reserved for future use.	3.		
4. Reserved for future use.	4.		
5. Reserved for future use.	5.		
6. Angel investor tax credit: Enter in Column C the lesser of Line 6, Column B, or Line 1, Column A.	6.		
7. Balance of income tax liability: Subtract Line 6, Column C from Line 1, Column A. If less than zero, enter "0."	7.		
8. Insurance reinvestment fund tax credit: Enter in Column C the lesser of Line 8, Column B, or Line 7, Column A.	8.		

Department of Revenue Services
State of Connecticut
(Rev. 12/17)
SCHK1 1217V 01 1019



Schedule CT K-1

Member's Share of Certain Connecticut Items

Complete in blue or black ink only.

For calendar year 2017 or other taxable year ► beginning _____, 2017, and ► ending _____.

Pass-through entity (PE) information		Member information		
Federal Employer ID Number (FEIN) ► * * - * * * * * *	CT Tax Registration Number ►	Member's Social Security Number (SSN) or FEIN ► * * - * * * * * *		
Name ► SDM HOLDINGS LLC		Name ► PHOENIX CHARITABLE TRUST		
Number and street address ► 35 TOWER LANE	PO Box	Number and street address ► 35 TOWER LANE	PO Box	
City or town ► AVON, CT 06001	State	ZIP code	City or town ► AVON, CT 06001	State ZIP code
Check the box if this is an amended or a final Schedule CT K-1. ► <input type="checkbox"/> Amended Schedule CT K-1 ► <input type="checkbox"/> Final Schedule CT K-1			Type of member (check one): ► <input type="checkbox"/> RI ► <input type="checkbox"/> RE ► <input checked="" type="checkbox"/> RT ► <input type="checkbox"/> PE ► <input type="checkbox"/> NI ► <input type="checkbox"/> NE ► <input type="checkbox"/> NT ► <input type="checkbox"/> CM	

Part I - Connecticut Modifications

From Form CT-1065/CT-1120SI, Part V

Additions Enter all amounts as positive numbers.

1. Interest on state and local obligations other than Connecticut ► 1.
2. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations ► 2.
3. Certain deductions relating to income exempt from Connecticut income tax ► 3.
4. Reserved for future use ► 4.
5. Other - specify ► 5.

Subtractions Enter all amounts as positive numbers.

6. Interest on U.S. government obligations ► 6.
7. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations ► 7.
8. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax ► 8.
9. Reserved for future use ► 9.
10. Other - specify ► 10.

Part II - Connecticut-Sourced Portion of Items From Federal Schedule K-1 of Form 1065 or 1120S

Column A

From Federal Schedule K-1

From Form CT-1065/CT-1120SI, Part VI

1. Ordinary business income (loss)
2. Net rental real estate income (loss)
3. Other net rental income (loss)
4. Guaranteed payments
5. Interest income
- 6a. Ordinary dividends
- 6b. Qualified dividends
7. Royalties
8. Net short-term capital gain (loss)
- 9a. Net long-term capital gain (loss)
- 9b. Collectibles 28% gain (loss)
- 9c. Unrecaptured section 1250 gain
10. Net section 1231 gain (loss)
11. Other income (loss): Attach statement
12. Section 179 deduction
13. Other deductions: Attach statement

1.
2.
3.
4.
5.
6a.
6b.
7.
8.
9a.
9b.
9c.
10.
11.
12.
13.

Part III - Connecticut Income Tax Information

1. Member's Connecticut income tax liability as reported by the PE for the member on Form CT-1065/CT-1120SI, Part I, Schedule B, Column F

Part IV - Connecticut Income Tax Credit Summary

	Column A Total credit earned by member in 2017 (from Form CT-1065/CT-1120SI, Part VII)	Column B Credit allowed on behalf of member on composite return (amounts from worksheet below)
1. Reserved for future use.	1.	
2. Reserved for future use.	2.	
3. Angel investor tax credit	3.	
4. Insurance reinvestment fund tax credit	4.	
5. Total credits: Add Line 3 and Line 4.	5.	

Income Tax Credit Worksheet

Completed for nonresident, noncorporate, and PE members only.	
1. Income tax liability: PE should enter member's amount from Form CT-1065/CT-1120SI, Part I, <i>Schedule B</i> , Column D.	1.
2. Reserved for future use.	2.
3. Reserved for future use.	3.
4. Reserved for future use.	4.
5. Reserved for future use.	5.
6. Angel investor tax credit: Enter in Column C the lesser of Line 6, Column B, or Line 1, Column A.	6.
7. Balance of income tax liability: Subtract Line 6, Column C from Line 1, Column A. If less than zero, enter "0."	7.
8. Insurance reinvestment fund tax credit: Enter in Column C the lesser of Line 8, Column B, or Line 7, Column A.	8.

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY

**IRS e-file Signature Authorization
for Form 1065**

- Return completed Form 8879-PE to your ERO. (Don't send to the IRS.)
 ► Go to www.irs.gov/Form8879PE for the latest information.

For calendar year 2018, or tax year beginning _____, 2018, ending _____, 20____

2018

Name of partnership

SDM HOLDINGS LLC

Employer identification number

691

Part I Tax Return Information (Whole dollars only)

1 Gross receipts or sales less returns and allowances (Form 1065, line 1c)	1	
2 Gross profit (Form 1065, line 3)	2	
3 Ordinary business income (loss) (Form 1065, line 22)	3	
4 Net rental real estate income (loss) (Form 1065, Schedule K, line 2)	4	
5 Other net rental income (loss) (Form 1065, Schedule K, line 3c)	5	

Part II Declaration and Signature Authorization of Partner or Member
(Be sure to get a copy of the partnership's return)

Under penalties of perjury, I declare that I am a partner or member of the above partnership and that I have examined a copy of the partnership's 2018 electronic return of partnership income and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the partnership's electronic return of partnership income. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the partnership's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission and (b) the reason for any delay in processing the return. I have selected a personal identification number (PIN) as my signature for the partnership's electronic return of partnership income.

Partner or Member's PIN: check one box only

I authorize SIMIONE MACCA & LARROW, LLP _____ to enter my PIN
ERO firm name Don't enter all zeros

as my signature on the partnership's 2018 electronically filed return of partnership income.

As a partner or member of the partnership, I will enter my PIN as my signature on the partnership's 2018 electronically filed return of partnership income.

Partner or member's signature ► _____

Title ► MEMBER _____

Date ► _____

Part III Certification and AuthenticationERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return of partnership income for the partnership indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 3112**, IRS e-file Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► _____

Date ► 09/16/19

ERO Must Retain This Form - See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

LHA

Form 8879-PE (2018)

1065

Form
Department of the Treasury
Internal Revenue Service

U.S. Return of Partnership Income

OMB No. 1545-0123

For calendar year 2018, or tax year beginning _____, ending _____
EXTENSION GRANTED TO 09/16/19

2018

A Principal business activity

FINANCIAL

B Principal product or service

INVESTMENTS

C Business code number

523900

Name of partnership

SDM HOLDINGS LLC

Number, street, and room or suite no. If a P.O. box, see instructions.

35 TOWER LANE

City or town, state or province, country, and ZIP or foreign postal code

AVON

CT 06001

D Employer identification number

91

E Date business started

01/01/2010

F Total assets

\$

G Check applicable boxes: (1) Initial return (2) Final return (3) Name change (4) Address change (5) Amended returnH Check accounting method: (1) Cash (2) Accrual (3) Other (specify) ►

I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ► 5

J Check if Schedules C and M-3 are attached ► **Caution:** Include only trade or business income and expenses on lines 1a through 22 below. See instructions for more information.

Income	1 a Gross receipts or sales	1a		
	b Returns and allowances	1b		
	c Balance. Subtract line 1b from line 1a	1c		
	2 Cost of goods sold (attach Form 1125-A)	2		
	3 Gross profit. Subtract line 2 from line 1c	3		
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)	4		
	5 Net farm profit (loss) (attach Schedule F (Form 1040))	5		
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)	6		
	7 Other income (loss) (attach statement)	7		
	8 Total income (loss). Combine lines 3 through 7	8		
Deductions (see instructions for limitations)	9 Salaries and wages (other than to partners) (less employment credits)	9		
	10 Guaranteed payments to partners	10		
	11 Repairs and maintenance	11		
	12 Bad debts	12		
	13 Rent	13		
	14 Taxes and licenses	14		
	15 Interest (see instructions)	15		
	16 a Depreciation (if required, attach Form 4562)	16a		
	b Less depreciation reported on Form 1125-A and elsewhere on return	16b		16c
	17 Depletion (Do not deduct oil and gas depletion.)	17		
	18 Retirement plans, etc.	18		
	19 Employee benefit programs	19		
	20 Other deductions (attach statement)	20		
	21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20	21		
	22 Ordinary business income (loss). Subtract line 21 from line 8	22		
Tax and Payments	23 Interest due under the look-back method-completed long-term contracts (attach Form 8697)	23		
	24 Interest due under the look-back method-income forecast method (attach Form 8866)	24		
	25 BBA AAR imputed underpayment (see instructions)	25		
	26 Other taxes (see instructions)	26		
	27 Total balance due. Add lines 23 through 27	27		
	28 Payment (see instructions)	28		
	29 Amount owed. If line 28 is smaller than line 27, enter amount owed	29		
	30 Overpayment. If line 28 is larger than line 27, enter overpayment	30		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than partner or limited liability company member) is based on all information of which preparer has any knowledge.

Sign Here

► Signature of partner or limited liability company member

Date

May the IRS discuss this return with the preparer shown below (see instr.)?

 Yes No

Paid
Preparer
Use Only

Print/Type preparer's name
RONALD LARROW, CPA

Preparer's signature

date
09/16/19Check if
self-employed

PTIN

Firm's name ►

SIMIONE MACCA & LARROW, LLP

Firm's address ► 4130 WHITNEY AVENUE

HAMDEN, CT 06518

Firm's EIN ►

Phone no. 203-281-0540

Schedule B Other Information

1 What type of entity is filing this return? Check the applicable box:		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
a <input type="checkbox"/> Domestic general partnership	b <input type="checkbox"/> Domestic limited partnership				
c <input checked="" type="checkbox"/> Domestic limited liability company	d <input type="checkbox"/> Domestic limited liability partnership				
e <input type="checkbox"/> Foreign partnership	f <input type="checkbox"/> Other ►				
2 At the end of the tax year:					
a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership			X		
b Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership			X		
3 At the end of the tax year, did the partnership:					
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below			X		
(i) Name of Corporation		(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock	
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below			X		
(i) Name of Entity		(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital
4 Does the partnership satisfy all four of the following conditions?					
a The partnership's total receipts for the tax year were less than \$250,000.					
b The partnership's total assets at the end of the tax year were less than \$ 1 million.					
c Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.					
d The partnership is not filing and is not required to file Schedule M-3					X
If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; item F on page 1 of Form 1065; or item L on Schedule K-1.					
5 Is this partnership a publicly traded partnership, as defined in section 469(k)(2)?					X
6 During the tax year, did the partnership have any debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?					X
7 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?					X
8 At any time during calendar year 2018, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country. ►					X
9 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions					X
10 a Is the partnership making, or had it previously made (and not revoked), a section 754 election?					X
See instructions for details regarding a section 754 election.					
b Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions					X

Schedule B Other Information (continued)

	Yes	No
c Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year) ► <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property? ► <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), enter the number of Forms 8858 attached. See instructions ► <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14 Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership ► <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return. ► <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 a Did you make any payments in 2018 that would require you to file Form(s) 1099? See instructions	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," did you or will you file required Form(s) 1099?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return. ► <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Enter the number of partners that are foreign governments under section 892. ► <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 During the partnership's tax year, did the partnership make any payments that would require it to file Form 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20 Was the partnership a specified domestic entity required to file Form 8938 for the tax year? See the Instructions for Form 8938	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21 Is the partnership a section 721(c) partnership, as defined in Treasury Regulations section 1.721(c)-1T(b)(14)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22 During the tax year, did the partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions. If "Yes," enter the total amount of the disallowed deductions. ► \$	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23 Did the partnership have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions	<input type="checkbox"/>	<input checked="" type="checkbox"/>
24 Does the partnership satisfy one of the following conditions and the partnership does not own a pass-through entity with current year, or prior year, carryover excess business interest expense? See instructions	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a The partnership's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year do not exceed \$25 million, and the partnership is not a tax shelter, or	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b The partnership only has business interest expense from (1) an electing real property trade or business, (2) an electing farming business, or (3) certain utility businesses under section 163(j)(7). If "No," complete and attach Form 8990.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
25 Is the partnership electing out of the centralized partnership audit regime under section 6221(b)? See instructions	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," the partnership must complete Schedule B-2 (Form 1065). Enter the total from Schedule B-2, Part III, line 3. ► _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "No," complete Designation of Partnership Representative below.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Designation of Partnership Representative (see instructions)

Enter below the information for the partnership representative (PR) for the tax year covered by this return.

Name of PR ► CAROLINE FINANCIAL GROUP	U.S. taxpayer identification number of PR ► 208
U.S. address of PR ► 35 TOWER LANE AVON, CT 06001	U.S. phone number of PR ► 860-408-7000
If the PR is an entity, name of the designated individual for the PR ► MOLLY CARPENTER	U.S. taxpayer identification number of the designated individual ► [REDACTED]
U.S. address of designated individual ► 10 TOWER LANE AVON, CT 06001	U.S. phone number of designated individual ► 860-408-7000
26 Is the partnership attaching Form 8996 to certify as a Qualified Opportunity Fund?	<input type="checkbox"/>
If "Yes," enter the amount from Form 8996, line 13. ► \$	<input type="checkbox"/>

Schedule K Partners' Distributive Share Items

		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	1	
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3 a Other gross rental income (loss)	3a	
	b Expenses from other rental activities (attach statement)	3b	
	c Other net rental income (loss). Subtract line 3b from line 3a		3c
	4 Guaranteed payments		4
	5 Interest income		5
	6 Dividends and dividend equivalents: a Ordinary dividends	6a	
	b Qualified dividends	6b	
	c Dividend equivalents	6c	
	7 Royalties		7
8 Net short-term capital gain (loss) (attach Schedule D (Form 1065))		8	
9 a Net long-term capital gain (loss) (attach Schedule D (Form 1065))		9a	
b Collectibles (28%) gain (loss)	9b		
c Unrecaptured section 1250 gain (attach statement)	9c		
10 Net section 1231 gain (loss) (attach Form 4797)		10	
11 Other income (loss) (see instructions) Type ►		11	
12 Section 179 deduction (attach Form 4562)		12	
13 a Contributions		13a	
b Investment interest expense		13b	
c Section 59(e)(2) expenditures: (1) Type ► (2) Amount ►		13c(2)	
d Other deductions (see instructions) Type ►		13d	
14 a Net earnings (loss) from self-employment		14a	
b Gross farming or fishing income		14b	
c Gross nonfarm income		14c	
15 a Low-income housing credit (section 42(j)(5))		15a	
b Low-income housing credit (other)		15b	
c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)		15c	
d Other rental real estate credits (see instructions) Type ►		15d	
e Other rental credits (see instructions) Type ►		15e	
f Other credits (see instructions) Type ►		15f	
16 a Name of country or U.S. possession ►			
b Gross income from all sources		16b	
c Gross income sourced at partner level		16c	
Foreign gross income sourced at partnership level			
d Section 951A category ► e Foreign branch category ►		16e	
f Passive category ► g General category ► h Other ... ►		16h	
Deductions allocated and apportioned at partner level			
i Interest expense ► j Other		16j	
Deductions allocated and apportioned at partnership level to foreign source income			
k Section 951A category ► l Foreign branch category ►		16l	
m Passive category ► n General category ► o Other ... ►		16o	
p Total foreign taxes (check one): ► Paid <input type="checkbox"/> Accrued <input type="checkbox"/>		16p	
q Reduction in taxes available for credit (attach statement)		16q	
r Other foreign tax information (attach statement)			
17 a Post-1986 depreciation adjustment		17a	
b Adjusted gain or loss		17b	
c Depletion (other than oil and gas)		17c	
d Oil, gas, and geothermal properties - gross income		17d	
e Oil, gas, and geothermal properties - deductions		17e	
f Other AMT items (attach statement)		17f	
18 a Tax-exempt interest income		18a	
b Other tax-exempt income		18b	
c Nondeductible expenses		18c	
19 a Distributions of cash and marketable securities		19a	
b Distributions of other property		19b	
20 a Investment income		20a	
b Investment expenses		20b	
c Other items and amounts (attach statement)	STMT 2		

Analysis of Net Income (Loss)

1 Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 16p	1		
2 Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)
a General partners			(iv) Partnership
b Limited partners	- 30,119 .		(v) Exempt Organization

Schedule L Balance Sheets per Books

Assets	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
1 Cash				
2a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (attach statement)				
7a Loans to partners (or persons related to partners)				
b Mortgage and real estate loans				
8 Other investments (attach statement)				
9a Buildings and other depreciable assets				
b Less accumulated depreciation				
10a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)				
12a Intangible assets (amortizable only)				
b Less accumulated amortization				
13 Other assets (attach statement)				
14 Total assets				
Liabilities and Capital				
15 Accounts payable				
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities (attach statement)				
18 All nonrecourse loans				
19a Loans from partners (or persons related to partners)				
b Mortgages, notes, bonds payable in 1 year or more				
20 Other liabilities (attach statement)				
21 Partners' capital accounts				
22 Total liabilities and capital				

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note: The partnership may be required to file Schedule M-3. See instructions.

1 Net income (loss) per books		6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		a Tax-exempt interest \$ _____	
3 Guaranteed payments (other than health insurance)		7 Deductions included on Schedule K, lines 1 through 13d, and 16p, not charged against book income this year (itemize):	
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16p (itemize):		a Depreciation \$ _____	
a Depreciation \$ _____		8 Add lines 6 and 7	
b Travel and entertainment \$ _____		9 Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	
5 Add lines 1 through 4			

Schedule M-2 Analysis of Partners' Capital Accounts

1 Balance at beginning of year		6 Distributions: a Cash	
2 Capital contributed: a Cash		b Property	
b Property		7 Other decreases (itemize):	
3 Net income (loss) per books			
4 Other increases (itemize):		8 Add lines 6 and 7	
5 Add lines 1 through 4		9 Balance at end of year. Subtract line 8 from line 5	

Cost of Goods Sold

► Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.
 ► Go to www.irs.gov/Form1125A for the latest information.

Name

SDM HOLDINGS LLC

Employer Identification number

691

1	
2	
3	
4	
5	
6	
7	
8	

SEE STATEMENT 5

1 Inventory at beginning of year

2 Purchases

3 Cost of labor

4 Additional section 263A costs (attach schedule)

5 Other costs (attach schedule)

6 Total. Add lines 1 through 5

7 Inventory at end of year

8 Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions

9a Check all methods used for valuing closing inventory:

- (i) Cost
- (ii) Lower of cost or market
- (iii) Other (Specify method used and attach explanation) ►

b Check if there was a writedown of subnormal goods

►

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970)

►

d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO

9d

e If property is produced or acquired for resale, do the rules of Section 263A apply to the entity? See instructions

 Yes No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory?

 Yes No

If "Yes," attach explanation.

For Paperwork Reduction Act Notice, see separate instructions.

Form 1125-A (Rev. 11-2018)

Depreciation and Amortization
(Including Information on Listed Property)

OTHER

OMB No. 1545-0172

2018

Attachment
Sequence No. 179Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Business or activity to which this form relates

Identifying number

SDM HOLDINGS LLC

691

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1
2 Total cost of section 179 property placed in service (see instructions)	2
3 Threshold cost of section 179 property before reduction in limitation	3
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5
6 (a) Description of property	(b) Cost (business use only)
7 Listed property. Enter the amount from line 29	7
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8
9 Tentative deduction. Enter the smaller of line 5 or line 8	9
10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12
13 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 ► 13	13

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14
15 Property subject to section 168(f)(1) election	15
16 Other depreciation (including ACRS)	16

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2018	17
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ► <input type="checkbox"/>	

Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		27.5 yrs.	MM	S/L	
	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year		/	30 yrs.	MM	S/L	
d 40-year		/	40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23

Part V

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------	---	----------------------------	---	------------------------	--------------------------	-------------------------------	---------------------------------

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use **25**

26 Property used more than 50% in a qualified business use:

:	:	%						
:	:	%						
:	:	%						

27 Property used 50% or less in a qualified business use:

:	:	%			S/L -			
:	:	%			S/L -			
:	:	%			S/L -			

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29**

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle							
						Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year ...												
32 Total other personal (noncommuting) miles driven.....												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
-----------------------------	---------------------------------	---------------------------	---------------------	--	-----------------------------------

42 Amortization of costs that begins during your 2018 tax year:

CAPITALIZED BUSINESS	:	:			
ASSET COSTS 2018	070118				

43 Amortization of costs that began before your 2018 tax year

44 Total. Add amounts in column (f). See the instructions for where to report

828111 04-01-18

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

8.1

EXHIBIT 3 Page 138 of 222

FORM 1065

OTHER DEDUCTIONS

STATEMENT 1

1

FORM 1065

PARTNERS' CAPITAL ACCOUNT SUMMARY

STATEMENT 4

4

PARTNER NUMBER	BEGINNING CAPITAL	CAPITAL CONTRIBUTED	SCHEDULE M-2 LNS 3, 4 & 7	WITH- DRAWALS	ENDING CAPITAL
2	[REDACTED]		[REDACTED]		[REDACTED]
3	[REDACTED]		[REDACTED]		[REDACTED]
4	[REDACTED]		[REDACTED]		[REDACTED]
5	[REDACTED]		[REDACTED]		[REDACTED]
6	[REDACTED]		[REDACTED]		[REDACTED]
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

FORM 1125-A

OTHER COSTS

STATEMENT

5

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Schedule K-1
(Form 1065)

Department of the Treasury
Internal Revenue Service

beginning ending

**Partner's Share of Income, Deductions,
Credits, etc.**

► See separate instructions.

2018

For calendar year 2018, or tax year

Final K-1

Amended K-1

OMB No. 1545-0123

**Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items**

Part I Information About the Partnership

A Partnership's employer identification number
91

B Partnership's name, address, city, state, and ZIP code

SDM HOLDINGS LLC
35 TOWER LANE
AVON, CT 06001

C IRS Center where partnership filed return
E-FILE

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number
208

F Partner's name, address, city, state, and ZIP code

CAROLINE FINANCIAL GROUP
35 TOWER LANE
AVON, CT 06001

G General partner or LLC Limited partner or other LLC
member-manager member

H Domestic partner Foreign partner

I1 What type of entity is this partner? **CORPORATION**

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here

J Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	24.0000000%	24.0000000%
Loss	24.0000000%	24.0000000%
Capital	24.0000000%	24.0000000%

K Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	\$	\$
Qualified nonrecourse financing	\$	\$
Recourse	\$	\$

L Partner's capital account analysis:

Beginning capital account	\$	██████████
Capital contributed during the year	\$	██████████
Current year increase (decrease)	\$	██████████
Withdrawals & distributions	\$ ()	██████████
Ending capital account	\$	██████████

Tax basis GAAP Section 704(b) book

Other (explain)

M Did the partner contribute property with a built-in gain or loss?

Yes No

If "Yes," attach statement (see instructions)

For IRS Use Only

SCHEDULE K-1 GROSS RECEIPTS - SECTION 59A(E), BOX 20, CODE AG

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

Schedule K-1
(Form 1065)

Department of the Treasury
Internal Revenue Service

beginning ending

**Partner's Share of Income, Deductions,
Credits, etc.**

► See separate instructions.

2018

For calendar year 2018, or tax year

Final K-1

Amended K-1

OMB No. 1545-0123

**Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items**

Part I Information About the Partnership

A Partnership's employer identification number
91

B Partnership's name, address, city, state, and ZIP code

SDM HOLDINGS LLC
35 TOWER LANE
AVON, CT 06001

C IRS Center where partnership filed return
E-FILE

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number
096

F Partner's name, address, city, state, and ZIP code

ALLIANCE CHARITABLE TRUST
35 TOWER LANE
AVON, CT 06001

G General partner or LLC
member-manager Limited partner or other LLC
member

H Domestic partner Foreign partner

I1 What type of entity is this partner? **TRUST**

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here

J Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	19.0000000%	19.0000000%
Loss	19.0000000%	19.0000000%
Capital	19.0000000%	19.0000000%

K Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	\$	\$
Qualified nonrecourse financing	\$	\$
Recourse	\$	\$

L Partner's capital account analysis:

Beginning capital account	\$	███████████
Capital contributed during the year	\$	███████████
Current year increase (decrease)	\$	███████████
Withdrawals & distributions	\$()	███████████
Ending capital account	\$	███████████

Tax basis GAAP Section 704(b) book

Other (explain)

M Did the partner contribute property with a built-in gain or loss?

Yes No

If "Yes," attach statement (see instructions)

For IRS Use Only

Schedule K-1
(Form 1065)

Department of the Treasury
Internal Revenue Service

beginning ending

**Partner's Share of Income, Deductions,
Credits, etc.**

► See separate instructions.

2018

For calendar year 2018, or tax year

Final K-1

Amended K-1

OMB No. 1545-0123

**Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items**

Part I Information About the Partnership

A Partnership's employer identification number
91

B Partnership's name, address, city, state, and ZIP code

SDM HOLDINGS LLC
35 TOWER LANE
AVON, CT 06001

C IRS Center where partnership filed return
E-FILE

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number
368

F Partner's name, address, city, state, and ZIP code

AVON TRUST
35 TOWER LANE
AVON, CT 06001

G General partner or LLC
member-manager Limited partner or other LLC
member

H Domestic partner Foreign partner

I1 What type of entity is this partner? **TRUST**

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here

J Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	19.0000000%	19.0000000%
Loss	19.0000000%	19.0000000%
Capital	19.0000000%	19.0000000%

K Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	\$	\$
Qualified nonrecourse financing	\$	\$
Recourse	\$	\$

L Partner's capital account analysis:

Beginning capital account	\$	██████████
Capital contributed during the year	\$	██████████
Current year increase (decrease)	\$	██████████
Withdrawals & distributions	\$ ()	██████████
Ending capital account	\$	██████████

Tax basis GAAP Section 704(b) book

Other (explain)

M Did the partner contribute property with a built-in gain or loss?

Yes No

If "Yes," attach statement (see instructions)

For IRS Use Only

Schedule K-1
(Form 1065)

Department of the Treasury
Internal Revenue Service

beginning ending

**Partner's Share of Income, Deductions,
Credits, etc.**

► See separate instructions.

2018

For calendar year 2018, or tax year

Final K-1

Amended K-1

OMB No. 1545-0123

**Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items**

Part I Information About the Partnership

A Partnership's employer identification number

91

B Partnership's name, address, city, state, and ZIP code

SDM HOLDINGS LLC
35 TOWER LANE
AVON, CT 06001

C IRS Center where partnership filed return

E-FILE

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number

247

F Partner's name, address, city, state, and ZIP code

ATLANTIC TRUST
35 TOWER LANE
AVON, CT 06001

G General partner or LLC

member-manager

Limited partner or other LLC

member

H Domestic partner

Foreign partner

I1 What type of entity is this partner? **TRUST**

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here

J Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	19.0000000%	19.0000000%
Loss	19.0000000%	19.0000000%
Capital	19.0000000%	19.0000000%

K Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	\$	\$
Qualified nonrecourse financing	\$	\$
Recourse	\$	\$

L Partner's capital account analysis:

Beginning capital account	\$	██████████
Capital contributed during the year	\$	██████████
Current year increase (decrease)	\$	██████████
Withdrawals & distributions	\$()	██████████
Ending capital account	\$	██████████

Tax basis GAAP Section 704(b) book

Other (explain)

M Did the partner contribute property with a built-in gain or loss?

Yes No

If "Yes," attach statement (see instructions)

For IRS Use Only

Schedule K-1
(Form 1065)

Department of the Treasury
Internal Revenue Service

beginning ending

2018

For calendar year 2018, or tax year

**Partner's Share of Income, Deductions,
Credits, etc.**

► See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number

691

B Partnership's name, address, city, state, and ZIP code

SDM HOLDINGS LLC
35 TOWER LANE
AVON, CT 06001

C IRS Center where partnership filed return

E-FILE

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number

774

F Partner's name, address, city, state, and ZIP code

PHOENIX CHARITABLE TRUST
35 TOWER LANE
AVON, CT 06001

G General partner or LLC

member-manager

Limited partner or other LLC

member

H Domestic partner

Foreign partner

I1 What type of entity is this partner? **TRUST**

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here

J Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	19.0000000%	19.0000000%
Loss	19.0000000%	19.0000000%
Capital	19.0000000%	19.0000000%

K Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	\$	\$
Qualified nonrecourse financing	\$	\$
Recourse	\$	\$

L Partner's capital account analysis:

Beginning capital account	\$	
Capital contributed during the year	\$	
Current year increase (decrease)	\$	
Withdrawals & distributions	\$()	
Ending capital account	\$	

Tax basis GAAP Section 704(b) book

Other (explain)

M Did the partner contribute property with a built-in gain or loss?

Yes No

If "Yes," attach statement (see instructions)

Final K-1

Amended K-1

OMB No. 1545-0123

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1 Ordinary business income (loss)

15 Credits

2 Net rental real estate income (loss)

16 Foreign transactions

3 Other net rental income (loss)

4 Guaranteed payments

5 Interest income

6a Ordinary dividends

17 Alternative min tax (AMT) items

6b Qualified dividends

6c Dividend equivalents

18 Tax-exempt income and
nondeductible expenses

7 Royalties

8 Net short-term capital gain (loss)

9a Net long-term capital gain (loss)

19 Distributions

9b Collectibles (28%) gain (loss)

20 Other information

9c Unrecaptured sec 1250 gain

10 Net section 1231 gain (loss)

11 Other income (loss)

12 Section 179 deduction

13 Other deductions

14 Self-employment earnings (loss)

*See attached statement for additional information.

For IRS Use Only



Form CT-1065/CT-1120SI EXT

Application for Extension of Time to File
Connecticut Pass-Through Entity Tax Return
(Rev. 12/18)

10651120SIEXT1218V011019

SDM HOLDINGS LLC

► [REDACTED] 91

35 TOWER LANE

►

AVON CT 06001 -

N Limited liability partnership (LLP) N Limited partnership (LP) N General partnership (GP)

N S corporation Y Partnership (LLC treated as a partnership)

I request a six-month extension of time to September 15, 2019, to file Form CT-1065/CT-1120SI, Connecticut Pass-Through Entity Tax Return, and the same extension of time to furnish Schedule CT K-1, Member's Share of Certain Connecticut Items, to members for calendar year 2018, or until ►
or taxable year ending ►

Y A federal extension has been requested on federal Form 7004, Application for an Automatic Extension of Time to File Certain Business Income Tax, Information, and Other Returns, for calendar year 2018 or taxable year beginning (MMDDYYYY) and ending (MMDDYYYY). If a federal extension has not been filed, explain why you are requesting the Connecticut extension:

1. Reserved for future use.

1.

2. Reserved for future use.

2.

3. Connecticut pass-through entity tax liability for 2018: You may estimate this amount. An amount must be entered on Line 3. If no tax is due, enter zero "0." Amount due with this form:

► 3.

0 . 0 0

Signature of general partner or corporate officer

Date

Sign Here
Keep a copy for your records.

General partner or corporate officer's title

Telephone number

Paid preparer's name

RONALD LARROW, CPA

Paid preparer's signature

Date

Preparer's SSN or PTIN

09162019

[REDACTED]

Firm's name, address, and ZIP code

SIMIONE MACCA LARROW LLP
4130 WHITNEY AVENUE
HAMDEN CT 06518

Firm's FEIN

Telephone number

2032810540

841851
10-04-18

Self-employed N

10651120SIEXT1218V011019

Form CT-1065/CT-1120SI EXT

Do not send this sheet with your application.

Form CT-1065/CT-1120SI EXT is required to be electronically filed.

Only taxpayers that receive a waiver from electronic filing from DRS may file a paper version of this form.

To request a waiver from the electronic filing requirement taxpayers must visit www.ct.gov/drs/TSCfiling and complete **Form DRS-EWVR**, *Electronic Filing and Payment Waiver Request*.

Checklist for filing your Connecticut application for extension of time to file Connecticut income tax return:

1. You MUST have applied for AND received a waiver from electronic filing from DRS.
2. Be sure that the application is not printed on the back of this sheet.
3. Verify that the address lines on the application are correct and proper abbreviations are used.
4. Do not attempt to remove or modify the solid boxes that print out on your application. Altering target marks may affect the processing of your application.
5. Do not send "Draft" or "Unapproved" versions of your application. This will delay or stop the processing of your application.
6. Do not make manual (hand written or typed) corrections to your application; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the application.
7. Do not use this application to change or amend previously filed returns.
8. Make check payable to: **Commissioner of Revenue Services**
9. To ensure proper posting, write your FEIN or Connecticut Tax Registration Number (optional) and "**2018 Form CT-1065/CT-1120SI EXT**" on your check.
10. To mail your coupon, use the following addresses:
Forms **with payment**, mail to:
Department of Revenue Services
PO Box 5019
Hartford CT 06104-5019
- Forms **without payment**:
Department of Revenue Services
PO Box 2967
Hartford CT 06115-2967
11. Verify that all fields print completely and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the application.

Do not send this sheet with your application.

Do Not File

10651120SI1218V011019



Form CT-1065/CT-1120SI 2018

Connecticut Pass-Through Entity Tax Return
(Rev. 12/18)

Income year beginning ► 01012018 and ending ► 12312018

► SDM HOLDINGS LLC ► [REDACTED] 91
► 35 TOWER LANE ►
► AVON CT 06001 - [REDACTED] ►

Type of PE

► N LLP ► N LP ► N GP ► N S corp ► Y Partnership

Pass-Through Entity Information

A. Return type: ► N Final (out of business in CT) ► N Amended ► N Short period Date of dissolution:

Explanation:

B. N Change of address. C. Business Code Number: ► 523900

D. (a) Did PE transfer a controlling interest in entity that owns, directly or indirectly, CT real property?

► N

Entity name:

FEIN

(b) If PE directly or indirectly owns CT real property, was a controlling interest of this PE transferred?

► N

Transferor name:

FEIN/SSN

(c) If Yes to either (a) or (b), enter Transferee(s) name: and attach a list of addresses for all Connecticut real property transferred.

Date of transfer

E. Did this PE elect out of the new federal centralized partnership audit regime enacted by the Bipartisan Budget Act of 2015? ► N

Filing Basis Required. Select one.

► Y Standard Basis (default). Complete Form CT-1065/CT-1120SI.

► N Alternative Basis (election). Complete Form CT-1065/CT-1120SI and attach Schedule CT-AB, Alternative Base Calculation.

Combined Election Optional.

► N PE elects to calculate its tax as a combined group with other commonly-owned PEs.

If combined election is made, select one of the following:

► N PE is the Designated Combined Reporting PE. Complete Schedule CT-CE, Combined Election.

On Part I, Schedule A, Line 1, enter the amount from Schedule CT-CE, Section 1, Line 7, Column C

► N PE's income is reported on Schedule CT-CE filed by the Designated Combined Reporting PE listed below.

Complete this return, except enter zero ("0") on Part I, Schedule A, Line 1.:

Designated Combined Reporting PE's name: ►

Designated Combined Reporting PE's FEIN: ►

Each PE must file its own return and select the same filing base (standard or alternative) as the other members of the combined group.



10651120SI1218V011019

**Part I Schedule A - Computation of Pass-Through Entity Tax Due**

1. PE Income/(Loss) Subject to Tax

Standard Base Filers: Enter amount from Part I, Schedule B, Line 20, Column D.
 Alternative Base Filers: Enter the amount from Schedule CT-AB, Section 1, Line 5.
 Combined Filers: See instructions.

1. ►

2. Tax due: Multiply Line 1 by 6.99% (.0699). If Line 1 is zero or less, enter zero ("0").

2. ►

3a. 2018 estimated payments.

3a. ►

3b. Payment made with Form CT-1065/CT-1120SI EXT.

3b. ►

3c. Reserved for future use

3c. ►

3. Tax payments: Enter the total of Lines 3a and 3b.

3. ►

4. Balance of tax due/(overpaid): Subtract Line 3 from Line 2.

4. ►

5a. If late, enter penalty.

5a. ►

5b. If late, enter interest. Multiply the amount on Line 4 by 1% (.01). Multiply the result by the number of months or fraction of a month late.

5b. ►

5c. Interest on underpayment of estimated tax.

5c. ►

5. Total penalty and interest: Enter the total of Lines 5a, 5b and 5c.

5. ►

6a. Amount to be applied to 2019 estimated PE tax

6a. ►

6b. Amount to be refunded

6b. ►

For faster refund, use Direct Deposit by completing Lines 6c, 6d, and 6e.

6c. Acct. type: ► Ck ► Sv 6d. Rout. # ►

6e. Acct. # ►

6f. Will this refund go to a bank account outside the U.S.?

6f. ► N

6. Total to be credited or refunded: Enter the total of Line 6a and Line 6b.

6. ►

7. Total amount due: Add Line 4 and Line 5.

7. ►

DECLARATION: I declare under the penalty of law that I have examined this return and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) is a fine of not more than \$5,000, imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Signature of general partner or corporate officer

Date

Sign Here - Keep a copy for your records.

Title

Telephone number

MEMBER

DRS may contact the preparer shown below about this return.

Y

Email of general partner or corporate officer

Paid preparer's name

Paid preparer's signature

Date

Preparer's SSN or PTIN

RONALD LARROW, CPA

09162019 ►

Firm's name, address, and ZIP code

SIMIONE MACCA & LARROW, LLP
4130 WHITNEY AVENUE
HAMDEN, CT 06518

Firm's FEIN

Telephone number

2032810540

Self-employed

N

10651120SI1218V021019



**Part I, Schedule B -
Computation of PE's
Own Connecticut
Source Income/(Loss)**

	Column A Amounts Reported by this PE on Federal Schedule K	Column B Amounts From Subsidiary PE(s)	Column C PE's Income/(Loss) From Its Own Activities (Column A minus Column B)	Column D PE's Connecticut Source Income/(Loss) From Its Own Activities (Apportioned or allocated from Column C)
1. Ordinary business income (loss)	1.►			
2. Net rental real estate income (loss)	2.►			
3. Other net rental income (loss)	3.►			
4. Guaranteed payments	4.►			
5. Interest income	5.►			
6a. Ordinary dividends	6a.►			
7. Royalties	7.►			
8. Net short-term capital gain (loss)	8.►			
9. Net long-term capital gain (loss)	9.►			
10. Net section 1231 gain (loss)	10.►			
11. Other income (loss): Attach statement.	11.►			
11a. Subtotal: Add Lines 1 through 11.	11a.►			
12. Section 179 deduction	12.►			
13. Other deductions: Attach statement.	13.►			
13a. Subtotal: Add Line 12 and Line 13.	13a.►			
14. Total: Subtract Line 13a from Line 11a.	14.►			
15. Subtractions from Part I, Schedule C, Line 12a	15.►			
16. Subtotal: Subtract Line 15 from Line 14.	16.►			
17a. CT PE tax payments deducted	17a.►			
17b. Additions from Part I, Schedule C, Line 6a	17b.►			
18. Subtotal: Add Lines 16, 17a, and 17b.	18.►			
19. Enter the amount reported on Line 4.	19.►			
20. Total: Subtract Line 19 from Line 18.	20.►			

**Part I Schedule C - PE's Connecticut Modifications**

	Column A Total Modifications	Column B Modifications Reported on Schedule CT K-1s from Subsidiary PE(s)	Column C PE's Net Modifications (Column A minus Column B)	Column D PE's Connecticut Source net Modifications (Apportioned or allocated from Column C)
1. Interest on state and local government obligations other than Connecticut	1. ►			
2. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	2. ►			
3. Certain deductions relating to income exempt from Connecticut income tax	3. ►			
4. Section 168(k) fed. bonus depreciation allowed for property placed in service during this year	4. ►			
5. 80% of Section 179 deduction	5. ►			
6. Other. Attach statement.	6. ►			
6a. Total additions: Add Lines 1 through 6.	6a. ►			
7. Interest on US government obligations	7. ►			
8. Exempt dividends from certain qualifying mutual funds derived from US government obligations	8. ►			
9. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax	9. ►			
10. 25% of Section 168(k) fed. bonus depreciation added back in preceding year	10. ►			
11. Reserved for future use	11. ►			
12. Other. Attach statement.	12. ►			
12a. Total subtractions: Add Lines 7 through 12.	12a. ►			

**Part I Schedule D - Subsidiary PE Information** (Attach supplemental attachment(s), if needed.)

Name of Subsidiary PE	FEIN	Column A Amount Reported on Federal K-1	Column B Amount From Connecticut Sources	Column C PE Tax Credit Reported on Schedule CT K-1, Part III, Line 1
1.►	►	►		
2.►	►	►		
3.►	►	►		
4.►	►	►		
5.►	►	►		
6. Subtotal(s) from supplemental attachment(s)	►	►		
7. Total: Add Lines 1 through 6.		►		

Part II -Allocation and Apportionment of Income

If the PE carries on business only within Connecticut, enter 1.0000 (100%)
on Line 8 and leave the other lines blank.

	Column A Connecticut	Column B Everywhere
1. Gross receipts from sale of tangible property	1. ►	
2. Gross receipts from services	2. ►	
3. Gross receipts from rental, lease, license of tangible property	3. ►	
4. Gross receipts from rental, lease, license of intangible property	4. ►	
5. Gross receipts from sale of intangible property	5. ►	
6. Other receipts	6. ►	
7. Total: Total of Lines 1 through 6, in Column A and Column B.	7. ►	
8. Apportionment fraction: Divide Line 7, Column A, by Line 7, Column B, and carry to six decimal places.		8. ►



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Part III - Member Information (Attach supplemental attachment(s), if needed.)

Member number	Member type code	Member FEIN or SSN	Distributive Share % Entered as a decimal.	Capital Ownership % Entered as a decimal.
► 3	► RT	► [REDACTED] 6	► +0.190000	► 0.190000
Name ► ALLIANCE CHARITABLE TRUST				
Street address				
► 35 TOWER LANE				
City/town	State	ZIP code		
► AVON	► CT	► 06001		
Member number Member type code Member FEIN or SSN				
► 4	► RT	► [REDACTED] 68	► +0.190000	► 0.190000
Name ► AVON TRUST				
Street address				
► 35 TOWER LANE				
City/town	State	ZIP code		
► AVON	► CT	► 06001		
Member number Member type code Member FEIN or SSN				
► 5	► RT	► [REDACTED] 7	► +0.190000	► 0.190000
Name ► ATLANTIC TRUST				
Street address				
► 35 TOWER LANE				
City/town	State	ZIP code		
► AVON	► CT	► 06001		

Part IV - PE's Total Connecticut Source Income/(Loss)

	Column A Connecticut Source Portion of PE Income/(Loss) from PE's own activities	Column B Connecticut Source Portion of Subsidiary PE Income/(Loss)	Column C PE's Total Connecticut Source Income/(Loss) (Column A plus Column B)
1. Ordinary business income (loss)	1.	[REDACTED]	[REDACTED]
2. Net rental real estate income (loss)	2.	[REDACTED]	[REDACTED]
3. Other net rental income (loss)	3.	[REDACTED]	[REDACTED]
4. Guaranteed payments	4.	[REDACTED]	[REDACTED]
5. Interest income	5.	[REDACTED]	[REDACTED]
6a. Ordinary dividends	6.	[REDACTED]	[REDACTED]
7. Royalties	7.	[REDACTED]	[REDACTED]
8. Net short-term capital gain (loss)	8.	[REDACTED]	[REDACTED]
9a. Net long-term capital gain (loss)	9.	[REDACTED]	[REDACTED]
10. Net section 1231 gain (loss)	10.	[REDACTED]	[REDACTED]
11. Other income (loss): Attach statement.	11.	[REDACTED]	[REDACTED]
12. Section 179 deduction	12.	[REDACTED]	[REDACTED]
13. Other deductions: Attach statement.	13.	[REDACTED]	[REDACTED]

**Part V - Member's Total Share of Connecticut Modifications** (Attach supplemental attachment(s), if needed.)

Member number

Member number

Member number

Member number

Additions:

1. Interest on state and local government obligations other than Connecticut 1. ►
2. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations 2. ►
3. Certain deductions relating to income exempt from Connecticut income tax 3. ►
4. Section 168(k) federal bonus depreciation allowed for property placed in service during the year 4. ►
5. 80% of Section 179 fed. deduction 5. ►
6. Other Specify: 6. ►

--	--	--	--

Subtractions:

7. Interest on U.S. government obligations 7. ►
8. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations 8. ►
9. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax 9. ►
10. 25 % of Section 168(k) federal bonus depreciation added back in preceding year 10. ►
11. Reserved for future use 11.
12. Other Specify: 12. ►

Additional Information Required to be Reported to Nonresident, Noncorporate Members and PE Members

13. Member's portion of Connecticut PE tax payments deducted in calculating income/(loss) for federal purposes:
Enter the member's distributive share reported on Part I, Schedule B, Line 17a, Column A 13. ►

**Part VI - Member's Total Connecticut Source Income/(Loss)** (Attach supplemental attachment(s), if needed.)

Enter member's distributive share of Connecticut source income from Part IV, Column C.

Member number	Member number	Member number	Member number
---------------	---------------	---------------	---------------

- | | |
|--|-----------------|
| 1. Ordinary business
income (loss) 1. ►

2. Net rental real estate
income (loss) 2. ►

3. Other net rental
income (loss) 3. ►

4. Guaranteed payments 4. ►

5. Interest income 5. ►

6a. Ordinary dividends 6a. ►

7. Royalties 7. ►

8. Net short-term capital
gain (loss) 8. ►

9a. Net long-term capital
gain (loss) 9a. ►

10. Net section 1231
gain (loss) 10. ►

11. Other income (loss):
Attach statement. 11. ►

12. Section 179 deduction 12. ►

13. Other deductions:
Attach statement. 13. ► | ► 3 ► 4 ► 5 ► 6 |
|--|-----------------|

Part VII - Connecticut Income Tax Credit Summary (Attach supplemental attachment(s), if needed.)

Member number	Member number	Member number	Member number
---------------	---------------	---------------	---------------

- | | |
|---|-----------------|
| 1. Reserved for future use. 1.
2. Reserved for future use. 2.
3. Angel investor tax credit 3. ►

4. Insurance reinvestment
fund tax credit 4. ►

5. Total credits: Total of
Line 3 and Line 4. 5. | ► 2 ► 3 ► 4 ► 5 |
|---|-----------------|



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Do not complete Part VIII or Part IX if the PE has made the election to calculate its tax as a combined group on Page 1.

Part VIII - Direct PE Tax Credit Calculation.

1. Enter the amount of tax from Part I, Schedule A, Line 2.
2. Total Direct PE Tax Credit Available to Members: Multiply Line 1 by 93.01% (.9301).
If Line 1 is zero, enter zero ("0").

1. [REDACTED]
2. ► [REDACTED]

Part IX - Allocation of PE Tax Credit to Members. (Attach supplemental attachment(s), if needed.)

	Column A Member number	Column B Direct PE Tax Credit	Column C Indirect PE Tax Credit from Subsidiary PE(s)	Column D Total PE Tax Credit (Column B plus Column C)
1.	► 3	1.	[REDACTED]	[REDACTED]
2.	► 4	2.	[REDACTED]	[REDACTED]
3.	► 5	3.	[REDACTED]	[REDACTED]
4.	► 6	4.	[REDACTED]	[REDACTED]
5.	► 2	5.	[REDACTED]	[REDACTED]
6.	► 0	6.	[REDACTED]	[REDACTED]
7.	► 0	7.	[REDACTED]	[REDACTED]
8.	► 0	8.	[REDACTED]	[REDACTED]
9.	► 0	9.	[REDACTED]	[REDACTED]
10.	Subtotal(s) from supplemental attachments(s)	10. ►	[REDACTED]	[REDACTED]
11.	Total	11. ►	[REDACTED]	[REDACTED]

Form CT-1065/1120SI

Do not send this sheet with your return.

Checklist for filing your Connecticut Pass-Through Entity Tax Return:

1. Be sure that the return is not printed on the back of this sheet.
2. Verify that the address lines are correct and proper abbreviations are used.
3. Do not attempt to remove or modify the solid boxes that print out. Altering target marks may affect the processing of your return.
4. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
5. Do not make manual (hand written or typed) corrections; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
6. Make check payable to: **Commissioner of Revenue Services**
7. To ensure proper posting, write your FEIN (optional) and "**2018 Form CT-1065/CT-1120SI**" on your check.
8. File amended returns and returns where an electronic filing waiver has been granted to the corresponding address listed below.

Mail paper return **with payment** to:
Department of Revenue Services
State of Connecticut
PO Box 5019
Hartford CT 06102-5019

Mail paper return **without payment** to:
Department of Revenue Services
State of Connecticut
PO Box 2967
Hartford CT 06104-2967

9. Verify that all fields print completely and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.

Do not send this sheet with your return.

Do Not File

Part III - Member Information

Member #	FEIN or SSN	Member Type Code	Distributive Share % Entered as a decimal.	Capital Ownership % Entered as a decimal.
► 6 ►	██████████	► RT	►+0 .190000	► 0 .190000
Name ► PHOENIX CHARITABLE TRUST				
Street address ► 35 TOWER LANE				
City/town	State	ZIP code		
► AVON	► CT	► 06001		
Member #	FEIN or SSN	Member Type Code	Distributive Share % Entered as a decimal.	Capital Ownership % Entered as a decimal.
► 2 ►	██████████ 8	► CM	►+0 .240000	► 0 .240000
Name ► CAROLINE FINANCIAL GROUP				
Street address ► 35 TOWER LANE				
City/town	State	ZIP code		
► AVON	► CT	► 06001		
Member #	FEIN or SSN	Member Type Code	Distributive Share % Entered as a decimal.	Capital Ownership % Entered as a decimal.
►	►	►	►	►
Name ►				
Street address ►				
City/town	State	ZIP code		
►	►	►		
Member #	FEIN or SSN	Member Type Code	Distributive Share % Entered as a decimal.	Capital Ownership % Entered as a decimal.
►	►	►	►	►
Name ►				
Street address ►				
City/town	State	ZIP code		
►	►	►		
Member #	FEIN or SSN	Member Type Code	Distributive Share % Entered as a decimal.	Capital Ownership % Entered as a decimal.
►	►	►	►	►
Name ►				
Street address ►				
City/town	State	ZIP code		
►	►	►		
Member #	FEIN or SSN	Member Type Code	Distributive Share % Entered as a decimal.	Capital Ownership % Entered as a decimal.
►	►	►	►	►
Name ►				
Street address ►				
City/town	State	ZIP code		
►	►	►		

Part VI - Member's Total Connecticut Source Income/(Loss)

	Member #	Member #	Member #	Member #
1. Ordinary business income (loss)	1. ►			
2. Net rental real estate income (loss)	2. ►			
3. Other net rental income (loss)	3. ►			
4. Guaranteed payments	4. ►			
5. Interest income	5. ►			
6a. Ordinary dividends	6a. ►			
7. Royalties	7. ►			
8. Net short-term capital gain (loss)	8. ►			
9a. Net long-term capital gain (loss)	9a. ►			
10. Net section 1231 gain (loss)	10. ►			
11. Other income (loss): Attach statement	11. ►			
12. Section 179 deduction	12. ►			
13. Other deductions: Attach statement	13. ►			

Part VII - Connecticut Income Tax Credit Summary

	Member #	Member #	Member #	Member #
	► 6	►	►	►
1. Reserved for future use	1.			
2. Reserved for future use	2.			
3. Angel investor tax credit	3. ►			
4. Insurance reinvestment fund tax credit	4. ►			
5. Total credits: Total of Line 3 and Line 4.	5.			

Schedule CT K-1
Member's Share of Certain Connecticut Items

2018

Complete in blue or black ink only.

For calendar year 2018 or other taxable year ► beginning _____, 2018, and ► ending _____.

Pass-through entity (PE) information		Member information	
Federal Employer ID Number (FEIN) ► 91	CT Tax Registration Number ►	Member's Social Security Number (SSN) or FEIN ► 08	► <input type="checkbox"/> SSN ► <input checked="" type="checkbox"/> FEIN
Name ► SDM HOLDINGS LLC		Name ► CAROLINE FINANCIAL GROUP	
Number and street address ► 35 TOWER LANE	PO Box	Number and street address ► 35 TOWER LANE	PO Box
City or town ► AVON, CT 06001	State ►	City or town ► AVON, CT 06001	State ► ZIP code
Check the box if this is an amended or a final Schedule CT K-1. ► <input type="checkbox"/> Amended Schedule CT K-1 ► <input type="checkbox"/> Final Schedule CT K-1 ► <input type="checkbox"/> PE filed as part of a combined PE Tax return . If checked, see instructions.		Type of member (check one): ► <input type="checkbox"/> RI ► <input type="checkbox"/> RE ► <input type="checkbox"/> RT ► <input type="checkbox"/> PE ► <input type="checkbox"/> NI ► <input type="checkbox"/> NE ► <input type="checkbox"/> NT ► <input checked="" type="checkbox"/> CM	

Part I - Connecticut Modifications

Additions Enter all amounts as positive numbers.

1. Interest on state and local obligations other than Connecticut ► 1.
2. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations ► 2.
3. Certain deductions relating to income exempt from Connecticut income tax ► 3.
4. Section 168(k) federal bonus depreciation deduction allowed for property placed in service during this year ► 4.
5. 80% of Section 179 federal deduction ► 5.
6. Other - specify ► 6.

Subtractions Enter all amounts as positive numbers.

7. Interest on U.S. government obligations ► 7.
8. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations ► 8.
9. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax ► 9.
10. 25% of Section 168(k) federal bonus depreciation deduction added back in preceding year ► 10.
11. Reserved for future use ► 11.
12. Other - specify ► 12.

Part II - Total Connecticut-Source Income/(Loss)

Column A

From Federal Schedule K-1

From Form CT-1065/CT-1120SI, Part VI

1. Ordinary business income (loss)
2. Net rental real estate income (loss)
3. Other net rental income (loss)
4. Guaranteed payments (Members who have an amount in Column B of this line must file a Connecticut tax return. See *Who Must File Form CT-1040NR/PY?*)
5. Interest income
- 6a. Ordinary dividends
7. Royalties
8. Net short-term capital gain (loss)
- 9a. Net long-term capital gain (loss)
10. Net section 1231 gain (loss)
11. Other income (loss): Attach statement
12. Section 179 deduction
13. Other deductions: Attach statement

1.
2.
3.
4.
5.
6a.
7.
8.
9a.
10.
11.
12.
13.

Part III - Connecticut PE Tax Credit Information

1. Member's Connecticut PE Tax Credit ► 1.

Part IV - Connecticut Income Tax Credit Summary

		2018 Total credit earned by member in 2018 (from Form CT-1065/CT-1120SI, Part VII)
1.	Reserved for future use.	1.
2.	Reserved for future use.	2.
3.	Angel investor tax credit	3.
4.	Insurance reinvestment fund tax credit	4.
5.	Total credits: Add Line 3 and Line 4.	5.

Part V - Additional Information Required to be Reported to Nonresident, Noncorporate Members and PE Members

1. Member's portion of Connecticut PE Tax payments deducted in calculating income/(loss) for federal purposes 1.]

Part V is for informational purposes. This is not your PE Tax Credit. Your PE Tax Credit is reported in Part III.

Schedule CT K-1
Member's Share of Certain Connecticut Items

2018

Complete in blue or black ink only.

For calendar year 2018 or other taxable year ► beginning _____, 2018, and ► ending _____.

Pass-through entity (PE) information		Member information	
Federal Employer ID Number (FEIN) ► 691	CT Tax Registration Number ►	Member's Social Security Number (SSN) or FEIN ► 96	► <input type="checkbox"/> SSN ► <input checked="" type="checkbox"/> FEIN
Name ► SDM HOLDINGS LLC		Name ► ALLIANCE CHARITABLE TRUST	
Number and street address ► 35 TOWER LANE	PO Box	Number and street address ► 35 TOWER LANE	PO Box
City or town ► AVON, CT 06001	State ►	City or town ► AVON, CT 06001	State ► ZIP code
Check the box if this is an amended or a final Schedule CT K-1. ► <input type="checkbox"/> Amended Schedule CT K-1 ► <input type="checkbox"/> Final Schedule CT K-1 ► <input type="checkbox"/> PE filed as part of a combined PE Tax return. If checked, see instructions.		Type of member (check one): ► <input type="checkbox"/> RI ► <input type="checkbox"/> RE ► <input checked="" type="checkbox"/> RT ► <input type="checkbox"/> PE ► <input type="checkbox"/> NI ► <input type="checkbox"/> NE ► <input type="checkbox"/> NT ► <input type="checkbox"/> CM	

Part I - Connecticut Modifications

Additions Enter all amounts as positive numbers.

1. Interest on state and local obligations other than Connecticut ► 1.
2. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations ► 2.
3. Certain deductions relating to income exempt from Connecticut income tax ► 3.
4. Section 168(k) federal bonus depreciation deduction allowed for property placed in service during this year ► 4.
5. 80% of Section 179 federal deduction ► 5.
6. Other - specify ► 6.

Subtractions Enter all amounts as positive numbers.

7. Interest on U.S. government obligations ► 7.
8. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations ► 8.
9. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax ► 9.
10. 25% of Section 168(k) federal bonus depreciation deduction added back in preceding year ► 10.
11. Reserved for future use ► 11.
12. Other - specify ► 12.

Part II - Total Connecticut-Source Income/(Loss)

Column A

From Federal Schedule K-1

Column B

From Form CT-1065/CT-1120SI, Part VI

1. Ordinary business income (loss) 1.
2. Net rental real estate income (loss) 2.
3. Other net rental income (loss) 3.
4. Guaranteed payments (Members who have an amount in Column B of this line must file a Connecticut tax return. See Who Must File Form CT-1040NR/PY?) 4.
5. Interest income 5.
- 6a. Ordinary dividends 6a.
7. Royalties 7.
8. Net short-term capital gain (loss) 8.
- 9a. Net long-term capital gain (loss) 9a.
10. Net section 1231 gain (loss) 10.
11. Other income (loss): Attach statement 11.
12. Section 179 deduction 12.
13. Other deductions: Attach statement 13.

Part III - Connecticut PE Tax Credit Information

1. Member's Connecticut PE Tax Credit ► 1.

Part IV - Connecticut Income Tax Credit Summary

		2018 Total credit earned by member in 2018 (from Form CT-1065/CT-1120SI, Part VII)
1.	Reserved for future use.	1.
2.	Reserved for future use.	2.
3.	Angel investor tax credit	3.
4.	Insurance reinvestment fund tax credit	4.
5.	Total credits: Add Line 3 and Line 4.	5.

Part V - Additional Information Required to be Reported to Nonresident, Noncorporate Members and PE Members

1. Member's portion of Connecticut PE Tax payments deducted in calculating income/(loss) for federal purposes 1.

Part V is for informational purposes. This is not your PE Tax Credit. Your PE Tax Credit is reported in Part III.

Schedule CT K-1
Member's Share of Certain Connecticut Items

2018

Complete in blue or black ink only.

For calendar year 2018 or other taxable year ► beginning _____, 2018, and ► ending _____.

Pass-through entity (PE) information		Member information	
Federal Employer ID Number (FEIN) ► 91	CT Tax Registration Number ►	Member's Social Security Number (SSN) or FEIN ► 68	► <input type="checkbox"/> SSN ► <input checked="" type="checkbox"/> FEIN
Name ► SDM HOLDINGS LLC		Name ► AVON TRUST	
Number and street address ► 35 TOWER LANE	PO Box	Number and street address ► 35 TOWER LANE	PO Box
City or town ► AVON, CT 06001	State ►	City or town ► AVON, CT 06001	State ► ZIP code
Check the box if this is an amended or a final Schedule CT K-1. ► <input type="checkbox"/> Amended Schedule CT K-1 ► <input type="checkbox"/> Final Schedule CT K-1 ► <input type="checkbox"/> PE filed as part of a combined PE Tax return. If checked, see instructions.		Type of member (check one): ► <input type="checkbox"/> RI ► <input type="checkbox"/> RE ► <input checked="" type="checkbox"/> RT ► <input type="checkbox"/> PE ► <input type="checkbox"/> NI ► <input type="checkbox"/> NE ► <input type="checkbox"/> NT ► <input type="checkbox"/> CM	

Part I - Connecticut Modifications

From Form CT-1065/CT-1120SI, Part V

Additions Enter all amounts as positive numbers.

1. Interest on state and local obligations other than Connecticut ► 1.
2. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations ► 2.
3. Certain deductions relating to income exempt from Connecticut income tax ► 3.
4. Section 168(k) federal bonus depreciation deduction allowed for property placed in service during this year ► 4.
5. 80% of Section 179 federal deduction ► 5.
6. Other - specify ► 6.

Subtractions Enter all amounts as positive numbers.

7. Interest on U.S. government obligations ► 7.
8. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations ► 8.
9. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax ► 9.
10. 25% of Section 168(k) federal bonus depreciation deduction added back in preceding year ► 10.
11. Reserved for future use ► 11.
12. Other - specify ► 12.

Part II - Total Connecticut-Source Income/(Loss)

Column A

From Federal Schedule K-1

Column B

From Form CT-1065/CT-1120SL Part VI

1. Ordinary business income (loss) ► 1.
2. Net rental real estate income (loss) ► 2.
3. Other net rental income (loss) ► 3.
4. Guaranteed payments (Members who have an amount in Column B of this line must file a Connecticut tax return. See Who Must File Form CT-1040NR/PY?) ► 4.
5. Interest income ► 5.
- 6a. Ordinary dividends ► 6a.
7. Royalties ► 7.
8. Net short-term capital gain (loss) ► 8.
- 9a. Net long-term capital gain (loss) ► 9a.
10. Net section 1231 gain (loss) ► 10.
11. Other income (loss): Attach statement ► 11.
12. Section 179 deduction ► 12.
13. Other deductions: Attach statement ► 13.

Part III - Connecticut PE Tax Credit Information

1. Member's Connecticut PE Tax Credit ► 1.

Part IV - Connecticut Income Tax Credit Summary

		2018 Total credit earned by member in 2018 (from Form CT-1065/CT-1120SI, Part VII)
1.	Reserved for future use.	1.
2.	Reserved for future use.	2.
3.	Angel investor tax credit	3.
4.	Insurance reinvestment fund tax credit	4.
5.	Total credits: Add Line 3 and Line 4.	5.

Part V - Additional Information Required to be Reported to Nonresident, Noncorporate Members and PE Members

1. Member's portion of Connecticut PE Tax payments deducted in calculating income/(loss) for federal purposes 1.

Part V is for informational purposes. This is not your PE Tax Credit. Your PE Tax Credit is reported in Part III.

Schedule CT K-1
Member's Share of Certain Connecticut Items

2018

Complete in blue or black ink only.

For calendar year 2018 or other taxable year ► beginning _____, 2018, and ► ending _____.

Pass-through entity (PE) information		Member information	
Federal Employer ID Number (FEIN) ► 91	CT Tax Registration Number ►	Member's Social Security Number (SSN) or FEIN ► 47	► <input type="checkbox"/> SSN ► <input checked="" type="checkbox"/> FEIN
Name ► SDM HOLDINGS LLC		Name ► ATLANTIC TRUST	
Number and street address ► 35 TOWER LANE	PO Box	Number and street address ► 35 TOWER LANE	PO Box
City or town ► AVON, CT 06001	State ►	City or town ► AVON, CT 06001	State ► ZIP code
Check the box if this is an amended or a final Schedule CT K-1. ► <input type="checkbox"/> Amended Schedule CT K-1 ► <input type="checkbox"/> Final Schedule CT K-1 ► <input type="checkbox"/> PE filed as part of a combined PE Tax return . If checked, see instructions.		Type of member (check one): ► <input type="checkbox"/> RI ► <input type="checkbox"/> RE ► <input checked="" type="checkbox"/> RT ► <input type="checkbox"/> PE ► <input type="checkbox"/> NI ► <input type="checkbox"/> NE ► <input type="checkbox"/> NT ► <input type="checkbox"/> CM	

Part I - Connecticut Modifications

From Form CT-1065/CT-1120SI, Part V

Additions Enter all amounts as positive numbers.

1. Interest on state and local obligations other than Connecticut ► 1.
2. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations ► 2.
3. Certain deductions relating to income exempt from Connecticut income tax ► 3.
4. Section 168(k) federal bonus depreciation deduction allowed for property placed in service during this year ► 4.
5. 80% of Section 179 federal deduction ► 5.
6. Other - specify ► 6.

Subtractions Enter all amounts as positive numbers.

7. Interest on U.S. government obligations ► 7.
8. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations ► 8.
9. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax ► 9.
10. 25% of Section 168(k) federal bonus depreciation deduction added back in preceding year ► 10.
11. Reserved for future use ► 11.
12. Other - specify ► 12.

Part II - Total Connecticut-Source Income/(Loss)

Column A

From Federal Schedule K-1

Column B

From Form CT-1065/CT-1120SI, Part VI

1. Ordinary business income (loss) ► 1.
2. Net rental real estate income (loss) ► 2.
3. Other net rental income (loss) ► 3.
4. Guaranteed payments (Members who have an amount in Column B of this line must file a Connecticut tax return. See *Who Must File Form CT-1040NR/PY?*) ► 4.
5. Interest income ► 5.
- 6a. Ordinary dividends ► 6a.
7. Royalties ► 7.
8. Net short-term capital gain (loss) ► 8.
- 9a. Net long-term capital gain (loss) ► 9a.
10. Net section 1231 gain (loss) ► 10.
11. Other income (loss): Attach statement ► 11.
12. Section 179 deduction ► 12.
13. Other deductions: Attach statement ► 13.

Part III - Connecticut PE Tax Credit Information

1. Member's Connecticut PE Tax Credit ► 1.

Part IV - Connecticut Income Tax Credit Summary

		2018 Total credit earned by member in 2018 (from Form CT-1065/CT-1120SI, Part VII)
1.	Reserved for future use.	1.
2.	Reserved for future use.	2.
3.	Angel investor tax credit	3.
4.	Insurance reinvestment fund tax credit	4.
5.	Total credits: Add Line 3 and Line 4.	5.

Part V - Additional Information Required to be Reported to Nonresident, Noncorporate Members and PE Members

1. Member's portion of Connecticut PE Tax payments deducted in calculating income/(loss) for federal purposes 1.

Part V is for informational purposes. This is not your PE Tax Credit. Your PE Tax Credit is reported in Part III.

Schedule CT K-1
Member's Share of Certain Connecticut Items

Complete in blue or black ink only.

For calendar year 2018 or other taxable year ► beginning _____, 2018, and ► ending _____.

Pass-through entity (PE) information		Member information	
Federal Employer ID Number (FEIN) ► 91	CT Tax Registration Number ►	Member's Social Security Number (SSN) or FEIN ► 74	► <input type="checkbox"/> SSN ► <input checked="" type="checkbox"/> FEIN
Name ► SDM HOLDINGS LLC		Name ► PHOENIX CHARITABLE TRUST	
Number and street address ► 35 TOWER LANE	PO Box	Number and street address ► 35 TOWER LANE	PO Box
City or town ► AVON, CT 06001	State	City or town ► AVON, CT 06001	State ZIP code
Check the box if this is an amended or a final Schedule CT K-1. ► <input type="checkbox"/> Amended Schedule CT K-1 ► <input type="checkbox"/> Final Schedule CT K-1 ► <input type="checkbox"/> PE filed as part of a combined PE Tax return . If checked, see instructions.		Type of member (check one): ► <input type="checkbox"/> RI ► <input type="checkbox"/> RE ► <input checked="" type="checkbox"/> RT ► <input type="checkbox"/> PE ► <input type="checkbox"/> NI ► <input type="checkbox"/> NE ► <input type="checkbox"/> NT ► <input type="checkbox"/> CM	

Part I - Connecticut Modifications

Additions Enter all amounts as positive numbers.

1. Interest on state and local obligations other than Connecticut ► 1.
2. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations ► 2.
3. Certain deductions relating to income exempt from Connecticut income tax ► 3.
4. Section 168(k) federal bonus depreciation deduction allowed for property placed in service during this year ► 4.
5. 80% of Section 179 federal deduction ► 5.
6. Other - specify ► 6.

Subtractions Enter all amounts as positive numbers.

7. Interest on U.S. government obligations ► 7.
8. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations ► 8.
9. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax ► 9.
10. 25% of Section 168(k) federal bonus depreciation deduction added back in preceding year ► 10.
11. Reserved for future use ► 11.
12. Other - specify ► 12.

Part II - Total Connecticut-Source Income/(Loss)

Column A

From Federal Schedule K-1

Column B

From Form CT-1065/CT-1120SI, Part VI

1. Ordinary business income (loss) 1.
2. Net rental real estate income (loss) 2.
3. Other net rental income (loss) 3.
4. Guaranteed payments (Members who have an amount in Column B of this line must file a Connecticut tax return. See *Who Must File Form CT-1040NR/PY?*) 4.
5. Interest income 5.
- 6a. Ordinary dividends 6a.
7. Royalties 7.
8. Net short-term capital gain (loss) 8.
- 9a. Net long-term capital gain (loss) 9a.
10. Net section 1231 gain (loss) 10.
11. Other income (loss): Attach statement 11.
12. Section 179 deduction 12.
13. Other deductions: Attach statement 13.

Part III - Connecticut PE Tax Credit Information

1. Member's Connecticut PE Tax Credit

Part IV - Connecticut Income Tax Credit Summary

		2018 Total credit earned by member in 2018 (from Form CT-1065/CT-1120SI, Part VII)
1.	Reserved for future use.	1.
2.	Reserved for future use.	2.
3.	Angel investor tax credit	3.
4.	Insurance reinvestment fund tax credit	4.
5.	Total credits: Add Line 3 and Line 4.	5.

Part V - Additional Information Required to be Reported to Nonresident, Noncorporate Members and PE Members

1. Member's portion of Connecticut PE Tax payments deducted in calculating income/(loss) for federal purposes 1.

Part V is for informational purposes. This is not your PE Tax Credit. Your PE Tax Credit is reported in Part III.

Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications.
When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

SDM HOLDINGS LLC

SUMMARY OF FACTORS

Alabama
Alaska
Arizona
Arkansas
California
Colorado
Connecticut
Delaware
District of Columbia
Florida
Georgia
Hawaii
Idaho
Illinois
Indiana
Iowa
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
Missouri
Montana
Nebraska
Nevada
New Hampshire
New Jersey
New Mexico
New York
North Carolina
North Dakota
Ohio
Oklahoma
Oregon
Pennsylvania
Rhode Island
South Carolina
South Dakota
Tennessee
Texas
Utah
Vermont
Virginia
Washington
West Virginia
Wisconsin
Wyoming
Foreign
Other

Total 910731
04-01-19

SDM HOLDINGS LLC

SUMMARY OF FACTORS

- * Battle Creek
- * Detroit
- * Flint
- * Grand Rapids
- * Highland Park
- * Lansing
- * Pontiac
- * Port Huron
- * Saginaw
- * New York City
- * New York - MCTD
- * Muskegon
- * Muskegon Heights

* Not included in everywhere totals

**IRS e-file Signature Authorization
for Form 1065**

For calendar year 2019, or tax year beginning _____, 2019, ending _____, 2019

2019

Name of partnership

SDM HOLDINGS LLC

Employer identification number

91

Part I Tax Return Information (Whole dollars only)

1 Gross receipts or sales less returns and allowances (Form 1065, line 1c)	1	
2 Gross profit (Form 1065, line 3)	2	
3 Ordinary business income (loss) (Form 1065, line 22)	3	
4 Net rental real estate income (loss) (Form 1065, Schedule K, line 2)	4	
5 Other net rental income (loss) (Form 1065, Schedule K, line 3c)	5	

**Part II Declaration and Signature Authorization of Partner or Member
(Be sure to get a copy of the partnership's return)**

Under penalties of perjury, I declare that I am a partner or member of the above partnership and that I have examined a copy of the partnership's 2019 electronic return of partnership income and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the partnership's electronic return of partnership income. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the partnership's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission and (b) the reason for any delay in processing the return. I have selected a personal identification number (PIN) as my signature for the partnership's electronic return of partnership income.

Partner or Member's PIN: check one box only

I authorize SIMIONE MACCA & LARROW, LLP _____ to enter my PIN _____ **Don't enter all zeros**
ERO firm name

as my signature on the partnership's 2019 electronically filed return of partnership income.

As a partner or member of the partnership, I will enter my PIN as my signature on the partnership's 2019 electronically filed return of partnership income.

Partner or member's signature ► _____

Title ► MEMBER _____ Date ► _____

Date ► _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. _____ **Don't enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return of partnership income for the partnership indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 3112**, IRS e-file Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► _____ Date ► 09/14/20 _____

**ERO Must Retain This Form - See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see instructions.

LHA

Form 8879-PE (2019)

A Principal business activity FINANCIAL	Name of partnership SDM HOLDINGS LLC	D Employer identification number 91
B Principal product or service INVESTMENTS	Number, street, and room or suite no. If a P.O. box, see instructions. 35 TOWER LANE	E Date business started 01/01/2010
C Business code number 523900	City or town, state or province, country, and ZIP or foreign postal code AVON CT 06001	F Total assets \$ [REDACTED]
G Check applicable boxes: (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change (5) <input type="checkbox"/> Amended return		
H Check accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ► 5		
J Check if Schedules C and M-3 are attached	► <input type="checkbox"/>	
K Check if partnership: (1) <input type="checkbox"/> Aggregated activities for section 465 at-risk purposes (2) <input type="checkbox"/> Grouped activities for section 469 passive activity purposes		

Caution: Include **only** trade or business income and expenses on lines 1a through 22 below. See instructions for more information.

Income	1a Gross receipts or sales	1a [REDACTED]	1c [REDACTED]
	b Returns and allowances	1b [REDACTED]	2 [REDACTED]
	c Balance. Subtract line 1b from line 1a	3 [REDACTED]	3 [REDACTED]
	2 Cost of goods sold (attach Form 1125-A)	4 [REDACTED]	4 [REDACTED]
	3 Gross profit. Subtract line 2 from line 1c	5 [REDACTED]	5 [REDACTED]
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)	6 [REDACTED]	6 [REDACTED]
	5 Net farm profit (loss) (attach Schedule F (Form 1040 or 1040-SR))	7 [REDACTED]	7 [REDACTED]
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)	8 [REDACTED]	8 [REDACTED]
7 Other income (loss) (attach statement)	9 [REDACTED]	9 [REDACTED]	
8 Total income (loss). Combine lines 3 through 7	10 [REDACTED]	10 [REDACTED]	
9 Salaries and wages (other than to partners) (less employment credits)	11 [REDACTED]	11 [REDACTED]	
10 Guaranteed payments to partners	12 [REDACTED]	12 [REDACTED]	
11 Repairs and maintenance	13 [REDACTED]	13 [REDACTED]	
12 Bad debts	14 [REDACTED]	14 [REDACTED]	
13 Rent	15 [REDACTED]	15 [REDACTED]	
14 Taxes and licenses	16a [REDACTED]	16c [REDACTED]	
15 Interest (see instructions)	16b [REDACTED]	17 [REDACTED]	
16a Depreciation (if required, attach Form 4562)	17 [REDACTED]	18 [REDACTED]	
b Less depreciation reported on Form 1125-A and elsewhere on return	18 [REDACTED]	19 [REDACTED]	
17 Depletion (Do not deduct oil and gas depletion.)	19 [REDACTED]	20 [REDACTED]	
18 Retirement plans, etc.	20 [REDACTED]	21 [REDACTED]	
19 Employee benefit programs	21 [REDACTED]	22 [REDACTED]	
20 Other deductions (attach statement)	SEE STATEMENT 1		
21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20	22 [REDACTED]	23 [REDACTED]	
22 Ordinary business income (loss). Subtract line 21 from line 8	23 [REDACTED]	24 [REDACTED]	
23 Interest due under the look-back method-completed long-term contracts (attach Form 8697)	24 [REDACTED]	25 [REDACTED]	
24 Interest due under the look-back method-income forecast method (attach Form 8866)	25 [REDACTED]	26 [REDACTED]	
25 BBA AAR imputed underpayment (see instructions)	26 [REDACTED]	27 [REDACTED]	
26 Other taxes (see instructions)	27 [REDACTED]	28 [REDACTED]	
27 Total balance due. Add lines 23 through 26	28 [REDACTED]	29 [REDACTED]	
28 Payment (see instructions)	29 [REDACTED]	30 [REDACTED]	
29 Amount owed. If line 28 is smaller than line 27, enter amount owed			
30 Overpayment. If line 28 is larger than line 27, enter overpayment			

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than partner or limited liability company member) is based on all information of which preparer has any knowledge.		
	Signature of partner or limited liability company member	Date	May the IRS discuss this return with the preparer shown below? See instr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Paid Preparer Use Only	Print/Type preparer's name RONALD LARROW, CPA	Preparer's signature	Date 09/14/20	Check <input type="checkbox"/> if self-employed	PTIN [REDACTED]
	Firm's name ► SIMIONE MACCA & LARROW, LLP	Firm's EIN ► [REDACTED]			
	Firm's address ► 4130 WHITNEY AVENUE HAMDEN, CT 06518				Phone no. 203-281-0540

Schedule B Other Information

1 What type of entity is filing this return? Check the applicable box:		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
a <input type="checkbox"/> Domestic general partnership	b <input type="checkbox"/> Domestic limited partnership				
c <input checked="" type="checkbox"/> Domestic limited liability company	d <input type="checkbox"/> Domestic limited liability partnership				
e <input type="checkbox"/> Foreign partnership	f <input type="checkbox"/> Other ►				
2 At the end of the tax year:					
a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership			X		
b Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership			X		
3 At the end of the tax year, did the partnership:					
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below			X		
(i) Name of Corporation		(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock	
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below			X		
(i) Name of Entity		(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital
4 Does the partnership satisfy all four of the following conditions?					
a The partnership's total receipts for the tax year were less than \$250,000.					
b The partnership's total assets at the end of the tax year were less than \$ 1 million.					
c Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.					
d The partnership is not filing and is not required to file Schedule M-3					X
If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; item F on page 1 of Form 1065; or item L on Schedule K-1.					
5 Is this partnership a publicly traded partnership, as defined in section 469(k)(2)?					X
6 During the tax year, did the partnership have any debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?					X
7 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?					X
8 At any time during calendar year 2019, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country ►					X
9 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions					X
10 a Is the partnership making, or had it previously made (and not revoked), a section 754 election?					X
See instructions for details regarding a section 754 election.					
b Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions					X

Schedule B Other Information (continued)

c Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions	Yes	No
		X
11 Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year) ► <input type="checkbox"/>		
12 At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		X
13 If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), enter the number of Forms 8858 attached. See instructions		
14 Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership	►	X
15 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return	►	
16 a Did you make any payments in 2019 that would require you to file Form(s) 1099? See instructions		X
b If "Yes," did you or will you file required Form(s) 1099?		
17 Enter the number of Forms 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return	►	
18 Enter the number of partners that are foreign governments under section 892	►	
19 During the partnership's tax year, did the partnership make any payments that would require it to file Form 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474)?		X
20 Was the partnership a specified domestic entity required to file Form 8938 for the tax year? See the Instructions for Form 8938		X
21 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1T(b)(14)?		X
22 During the tax year, did the partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions		X
If "Yes," enter the total amount of the disallowed deductions	► \$	
23 Did the partnership have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		X
24 Does the partnership satisfy one or more of the following? See instructions		X
a The partnership owns a pass-through entity with current, or prior year carryover, excess business interest expense.		
b The partnership's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$26 million and the partnership has business interest.		
c The partnership is a tax shelter (see instructions) and the partnership has business interest expense.		
If "Yes" to any, complete and attach Form 8990.		
25 Is the partnership electing out of the centralized partnership audit regime under section 6221(b)? See instructions		X
If "Yes," the partnership must complete Schedule B-2 (Form 1065). Enter the total from Schedule B-2, Part III, line 3	►	
If "No," complete Designation of Partnership Representative below.		

Designation of Partnership Representative (see instructions)

Enter below the information for the partnership representative (PR) for the tax year covered by this return.

Name of PR ► CAROLINE FINANCIAL GROUP

U.S. address of PR ► 35 TOWER LANE AVON, CT 06001	U.S. phone number of PR ► 860-408-7000
--	---

If the PR is an entity, name of the designated individual for the PR ► MOLLY CARPENTER

U.S. address of designated individual ► 10 TOWER LANE AVON, CT 06001	U.S. phone number of designated individual ► 860-408-7000
---	--

26 Is the partnership attaching Form 8996 to certify as a Qualified Opportunity Fund?	►	X
If "Yes," enter the amount from Form 8996, line 14	► \$	
27 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership	►	
28 At any time during the tax year, were there any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?		X

Schedule K Partners' Distributive Share Items

		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	1	
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3a Other gross rental income (loss)	3a	
	b Expenses from other rental activities (attach statement)	3b	
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4 Guaranteed payments: a Services 4a b Capital 4b	4b	
	c Total. Add lines 4a and 4b	4c	
	5 Interest income	5	
	6 Dividends and dividend equivalents: a Ordinary dividends	6a	
	b Qualified dividends 6b c Dividend equivalents 6c	6c	
	7 Royalties	7	
8 Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8		
9a Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a		
b Collectibles (28%) gain (loss)	9b		
c Unrecaptured section 1250 gain (attach statement)	9c		
10 Net section 1231 gain (loss) (attach Form 4797)	10		
11 Other income (loss) (see instructions) Type ►	11		
12 Section 179 deduction (attach Form 4562)	12		
13a Contributions	13a		
b Investment interest expense	13b		
c Section 59(e)(2) expenditures: (1) Type ► (2) Amount ►	13c(2)		
d Other deductions (see instructions) Type ►	13d		
14a Net earnings (loss) from self-employment	14a		
b Gross farming or fishing income	14b		
c Gross nonfarm income	14c		
15a Low-income housing credit (section 42(j)(5))	15a		
b Low-income housing credit (other)	15b		
c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	15c		
d Other rental real estate credits (see instructions) Type ►	15d		
e Other rental credits (see instructions) Type ►	15e		
f Other credits (see instructions) Type ►	15f		
16a Name of country or U.S. possession ►	16a		
b Gross income from all sources	16b		
c Gross income sourced at partner level	16c		
Foreign gross income sourced at partnership level			
d Reserved for future use ► e Foreign branch category	16e		
f Passive category ► g General category ► h Other	16h		
Deductions allocated and apportioned at partner level			
i Interest expense ► j Other	16j		
Deductions allocated and apportioned at partnership level to foreign source income			
k Reserved for future use ► l Foreign branch category	16l		
m Passive category ► n General category ► o Other	16o		
p Total foreign taxes (check one): ► Paid <input type="checkbox"/> Accrued <input type="checkbox"/>	16p		
q Reduction in taxes available for credit (attach statement)	16q		
r Other foreign tax information (attach statement)			
17a Post-1986 depreciation adjustment	17a		
b Adjusted gain or loss	17b		
c Depletion (other than oil and gas)	17c		
d Oil, gas, and geothermal properties - gross income	17d		
e Oil, gas, and geothermal properties - deductions	17e		
f Other AMT items (attach statement)	17f		
18a Tax-exempt interest income	18a		
b Other tax-exempt income	18b		
c Nondeductible expenses	18c		
19a Distributions of cash and marketable securities	19a		
b Distributions of other property	19b		
20a Investment income	20a		
b Investment expenses	20b		
c Other items and amounts (attach statement)	STMT 2		

Analysis of Net Income (Loss)

1 Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 16p	1		
2 Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)
a General partners			(iv) Partnership
b Limited partners	- 85 , 817 .		(v) Exempt Organization

Schedule L Balance Sheets per Books

Assets	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
1 Cash				
2a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (attach statement)				
7a Loans to partners (or persons related to partners)				
b Mortgage and real estate loans				
8 Other investments (attach statement)				
9a Buildings and other depreciable assets				
b Less accumulated depreciation				
10a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)				
12a Intangible assets (amortizable only)				
b Less accumulated amortization				
13 Other assets (attach statement)				
14 Total assets				
Liabilities and Capital				
15 Accounts payable				
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities (attach statement)				
18 All nonrecourse loans				
19a Loans from partners (or persons related to partners)				
b Mortgages, notes, bonds payable in 1 year or more				
20 Other liabilities (attach statement)				
21 Partners' capital accounts				
22 Total liabilities and capital				

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note: The partnership may be required to file Schedule M-3. See instructions.

1 Net income (loss) per books		6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		a Tax-exempt interest \$ _____	
3 Guaranteed payments (other than health insurance)		7 Deductions included on Schedule K, lines 1 through 13d, and 16p, not charged against book income this year (itemize):	
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16p (itemize):		a Depreciation \$ _____	
a Depreciation \$ _____		8 Add lines 6 and 7	
b Travel and entertainment \$ _____		9 Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	
5 Add lines 1 through 4			

Schedule M-2 Analysis of Partners' Capital Accounts

1 Balance at beginning of year		6 Distributions: a Cash	
2 Capital contributed: a Cash		b Property	
b Property		7 Other decreases (itemize):	
3 Net income (loss) per books			
4 Other increases (itemize):		8 Add lines 6 and 7	
5 Add lines 1 through 4		9 Balance at end of year. Subtract line 8 from line 5	

Cost of Goods Sold

► Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.
 ► Go to www.irs.gov/Form1125A for the latest information.

Name

SDM HOLDINGS LLC

Employer Identification number

691

1	
2	
3	
4	
5	
6	
7	
8	

SEE STATEMENT 6

6 Total. Add lines 1 through 5

7 Inventory at end of year

8 Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions

9a Check all methods used for valuing closing inventory:

- (i) Cost
- (ii) Lower of cost or market
- (iii) Other (Specify method used and attach explanation) ►

b Check if there was a writedown of subnormal goods

►

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970)

►

d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO

9d

e If property is produced or acquired for resale, do the rules of Section 263A apply to the entity? See instructions

 Yes No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory?

 Yes No

If "Yes," attach explanation.

For Paperwork Reduction Act Notice, see separate instructions.

Form 1125-A (Rev. 11-2018)

Depreciation and Amortization
(Including Information on Listed Property)

OTHER

OMB No. 1545-0172

2019

Attachment
Sequence No. 179Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Business or activity to which this form relates

Identifying number

SDM HOLDINGS LLC

91

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1
2 Total cost of section 179 property placed in service (see instructions)	2
3 Threshold cost of section 179 property before reduction in limitation	3
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5
6 (a) Description of property	(b) Cost (business use only)
7 Listed property. Enter the amount from line 29	7
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8
9 Tentative deduction. Enter the smaller of line 5 or line 8	9
10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12
13 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12 ► 13	13

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14
15 Property subject to section 168(f)(1) election	15
16 Other depreciation (including ACRS)	16

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2019	17
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ► <input type="checkbox"/>	

Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23

Part V

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------	---	----------------------------	---	------------------------	--------------------------	-------------------------------	---------------------------------

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use **25**

26 Property used more than 50% in a qualified business use:

:	:	%						
:	:	%						
:	:	%						

27 Property used 50% or less in a qualified business use:

:	:	%			S/L -			
:	:	%			S/L -			
:	:	%			S/L -			

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29**

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle							
						Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year ...												
32 Total other personal (noncommuting) miles driven.....												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2019 tax year:					
CAPITALIZED BUSINESS					
ASSET COSTS 2019	070119				
43 Amortization of costs that began before your 2019 tax year				43	
44 Total. Add amounts in column (f). See the instructions for where to report				44	

(D) - Asset disposed

*ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 1065

PARTNERS' CAPITAL ACCOUNT SUMMARY

STATEMENT 5

PARTNER NUMBER	BEGINNING CAPITAL	CAPITAL CONTRIBUTED	SCHEDULE M-2 LNS 3, 4 & 7	WITH- DRAWALS	ENDING CAPITAL
2	[REDACTED]		[REDACTED]		[REDACTED]
3	[REDACTED]		[REDACTED]		[REDACTED]
4	[REDACTED]		[REDACTED]		[REDACTED]
5	[REDACTED]		[REDACTED]		[REDACTED]
6	[REDACTED]		[REDACTED]		[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

**Schedule K-1
(Form 1065)**

 Department of the Treasury
Internal Revenue Service
2019

For calendar year 2019, or tax year

beginning [REDACTED]

ending [REDACTED]

**Partner's Share of Income, Deductions,
Credits, etc.**

► See separate instructions.

Part I Information About the Partnership
A Partnership's employer identification number

[REDACTED] 691

B Partnership's name, address, city, state, and ZIP code
SDM HOLDINGS LLC
35 TOWER LANE
AVON, CT 06001
C IRS Center where partnership filed return ►**E-FILE****D** Check if this is a publicly traded partnership (PTP)
Part II Information About the Partner
E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See inst.)

[REDACTED] 08

F Name, address, city, state, and ZIP code for partner entered in E. See instructions.
CAROLINE FINANCIAL GROUP
35 TOWER LANE
AVON, CT 06001
G General partner or LLC member-manager Limited partner or other LLC member**H1** Domestic partner Foreign partner**H2** If the partner is a disregarded entity (DE), enter the partner's:

TIN _____ Name _____

I1 What type of entity is this partner? **CORPORATION****I2** If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here **J** Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	24.000000%	24.000000%
Loss	24.000000%	24.000000%
Capital	24.000000%	24.000000%

Check if decrease is due to sale or exchange of partnership interest **K** Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	\$	\$
Qualified nonrecourse financing	\$	\$
Recourse	\$	\$

 Check this box if item K includes liability amounts from lower tier partnerships.
L Partner's Capital Account Analysis
SEE STATEMENT

Beginning capital account	\$	\$
Capital contributed during the year	\$	\$
Current year net income (loss)	\$	\$
Other increase (decrease) (attach explanation)	\$	\$
Withdrawals & distributions	\$ ()	\$ ()
Ending capital account	\$	\$

M Did the partner contribute property with a built-in gain or loss? Yes No If "Yes," attach statement. See instructions.
N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)

Beginning	\$	\$
Ending	\$	\$

 Final K-1 Amended K-1

OMB No. 1545-0123

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1 Ordinary business income (loss)	\$	15 Credits
2 Net rental real estate income (loss)	\$	16 Foreign transactions
3 Other net rental income (loss)	\$	
4a Guaranteed payments for services	\$	
4b Guaranteed payments for capital	\$	
4c Total guaranteed payments	\$	17 Alternative min tax (AMT) items
5 Interest income	\$	
6a Ordinary dividends	\$	18 Tax-exempt income and nondeductible expenses
6b Qualified dividends	\$	
6c Dividend equivalents	\$	
7 Royalties	\$	19 Distributions
8 Net short-term capital gain (loss)	\$	
9a Net long-term capital gain (loss)	\$	20 Other information
9b Collectibles (28%) gain (loss)	\$	
9c Unrecaptured section 1250 gain	\$	
10 Net section 1231 gain (loss)	\$	
11 Other income (loss)	\$	
12 Section 179 deduction	\$	
13 Other deductions	\$	
14 Self-employment earnings (loss)	\$	
21 <input type="checkbox"/> More than one activity for at-risk purposes*	\$	
22 <input type="checkbox"/> More than one activity for passive activity purposes*	\$	

*See attached statement for additional information.

For IRS Use Only

SCHEDULE K-1 GROSS RECEIPTS - SECTION 59A(E), BOX 20, CODE AG

[REDACTED]

[REDACTED]

[REDACTED]

SCHEDULE K-1

ITEM L. PARTNER'S CAPITAL ACCOUNT ANALYSIS

TAX BASIS

**Schedule K-1
(Form 1065)**

 Department of the Treasury
Internal Revenue Service
2019

For calendar year 2019, or tax year

beginning [REDACTED]

ending [REDACTED]

**Partner's Share of Income, Deductions,
Credits, etc.**

► See separate instructions.

Part I Information About the Partnership
A Partnership's employer identification number

[REDACTED] 1

B Partnership's name, address, city, state, and ZIP code
SDM HOLDINGS LLC
35 TOWER LANE
AVON, CT 06001
C IRS Center where partnership filed return ►**E-FILE****D** Check if this is a publicly traded partnership (PTP)
Part II Information About the Partner
E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See inst.)

[REDACTED] 96

F Name, address, city, state, and ZIP code for partner entered in E. See instructions.
ALLIANCE CHARITABLE TRUST
35 TOWER LANE
AVON, CT 06001
G General partner or LLC member-manager Limited partner or other LLC member**H1** Domestic partner Foreign partner**H2** If the partner is a disregarded entity (DE), enter the partner's:

TIN _____ Name _____

I1 What type of entity is this partner? **TRUST****I2** If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here **J** Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	19.0000000%	19.0000000%
Loss	19.0000000%	19.0000000%
Capital	19.0000000%	19.0000000%

Check if decrease is due to sale or exchange of partnership interest **K** Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	\$	\$
Qualified nonrecourse financing	\$	\$
Recourse	\$	\$

 Check this box if item K includes liability amounts from lower tier partnerships.
**L Partner's Capital Account Analysis
SEE STATEMENT**

Beginning capital account	\$	\$
Capital contributed during the year	\$	\$
Current year net income (loss)	\$	\$
Other increase (decrease) (attach explanation)	\$	\$
Withdrawals & distributions	\$ ()	\$ ()
Ending capital account	\$	\$

M Did the partner contribute property with a built-in gain or loss? Yes No If "Yes," attach statement. See instructions.
N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)

Beginning	\$	\$
Ending	\$	\$

 Final K-1 Amended K-1

OMB No. 1545-0123

**Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items**

1 Ordinary business income (loss)	\$	15 Credits
2 Net rental real estate income (loss)	\$	16 Foreign transactions
3 Other net rental income (loss)	\$	
4a Guaranteed payments for services	\$	
4b Guaranteed payments for capital	\$	
4c Total guaranteed payments	\$	17 Alternative min tax (AMT) items
5 Interest income	\$	
6a Ordinary dividends	\$	18 Tax-exempt income and nondeductible expenses
6b Qualified dividends	\$	
6c Dividend equivalents	\$	
7 Royalties	\$	19 Distributions
8 Net short-term capital gain (loss)	\$	
9a Net long-term capital gain (loss)	\$	20 Other information
9b Collectibles (28%) gain (loss)	\$	
9c Unrecaptured section 1250 gain	\$	
10 Net section 1231 gain (loss)	\$	
11 Other income (loss)	\$	
12 Section 179 deduction	\$	
13 Other deductions	\$	
14 Self-employment earnings (loss)	\$	
21 <input type="checkbox"/> More than one activity for at-risk purposes*	\$	
22 <input type="checkbox"/> More than one activity for passive activity purposes*	\$	

*See attached statement for additional information.

For IRS Use Only

SCHEDULE K-1

ITEM L. PARTNER'S CAPITAL ACCOUNT ANALYSIS

TAX BASIS

**Schedule K-1
(Form 1065)**

 Department of the Treasury
Internal Revenue Service
2019

For calendar year 2019, or tax year

beginning [REDACTED]

ending [REDACTED]

**Partner's Share of Income, Deductions,
Credits, etc.**

► See separate instructions.

Part I Information About the Partnership
A Partnership's employer identification number

[REDACTED] 91

B Partnership's name, address, city, state, and ZIP code
SDM HOLDINGS LLC
35 TOWER LANE
AVON, CT 06001
C IRS Center where partnership filed return ►**E-FILE****D** Check if this is a publicly traded partnership (PTP)
Part II Information About the Partner
E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See inst.)

[REDACTED] 68

F Name, address, city, state, and ZIP code for partner entered in E. See instructions.
AVON TRUST
35 TOWER LANE
AVON, CT 06001
G General partner or LLC member-manager Limited partner or other LLC member**H1** Domestic partner Foreign partner**H2** If the partner is a disregarded entity (DE), enter the partner's:

TIN _____ Name _____

I1 What type of entity is this partner? **TRUST****I2** If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here **J** Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	19.0000000%	19.0000000%
Loss	19.0000000%	19.0000000%
Capital	19.0000000%	19.0000000%

Check if decrease is due to sale or exchange of partnership interest **K** Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	\$	\$
Qualified nonrecourse financing	\$	[REDACTED]
Recourse	\$	[REDACTED]

 Check this box if item K includes liability amounts from lower tier partnerships.
**L Partner's Capital Account Analysis
SEE STATEMENT**

Beginning capital account	\$	[REDACTED]
Capital contributed during the year	\$	[REDACTED]
Current year net income (loss)	\$	[REDACTED]
Other increase (decrease) (attach explanation)	\$	[REDACTED]
Withdrawals & distributions	\$ ()	[REDACTED]
Ending capital account	\$	[REDACTED]

M Did the partner contribute property with a built-in gain or loss? Yes No If "Yes," attach statement. See instructions.
N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)

Beginning	\$	[REDACTED]
Ending	\$	[REDACTED]

 Final K-1 Amended K-1

OMB No. 1545-0123

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1 Ordinary business income (loss)	15 Credits
2 Net rental real estate income (loss)	16 Foreign transactions
3 Other net rental income (loss)	
4a Guaranteed payments for services	
4b Guaranteed payments for capital	
4c Total guaranteed payments	17 Alternative min tax (AMT) items
5 Interest income	
6a Ordinary dividends	
6b Qualified dividends	18 Tax-exempt income and nondeductible expenses
6c Dividend equivalents	
7 Royalties	19 Distributions
8 Net short-term capital gain (loss)	
9a Net long-term capital gain (loss)	20 Other information
9b Collectibles (28%) gain (loss)	
9c Unrecaptured section 1250 gain	
10 Net section 1231 gain (loss)	
11 Other income (loss)	
12 Section 179 deduction	
13 Other deductions	
14 Self-employment earnings (loss)	
21 <input type="checkbox"/> More than one activity for at-risk purposes*	
22 <input type="checkbox"/> More than one activity for passive activity purposes*	

*See attached statement for additional information.

For IRS Use Only

SCHEDULE K-1

ITEM L. PARTNER'S CAPITAL ACCOUNT ANALYSIS

TAX BASIS

**Schedule K-1
(Form 1065)**

 Department of the Treasury
Internal Revenue Service
2019

For calendar year 2019, or tax year

beginning [REDACTED]

ending [REDACTED]

**Partner's Share of Income, Deductions,
Credits, etc.**

► See separate instructions.

Part I Information About the Partnership
A Partnership's employer identification number

[REDACTED] 691

B Partnership's name, address, city, state, and ZIP code
SDM HOLDINGS LLC
35 TOWER LANE
AVON, CT 06001
C IRS Center where partnership filed return ►**E-FILE****D** Check if this is a publicly traded partnership (PTP)
Part II Information About the Partner
E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See inst.)

[REDACTED] 47

F Name, address, city, state, and ZIP code for partner entered in E. See instructions.
ATLANTIC TRUST
35 TOWER LANE
AVON, CT 06001
G General partner or LLC member-manager Limited partner or other LLC member**H1** Domestic partner Foreign partner**H2** If the partner is a disregarded entity (DE), enter the partner's:

TIN _____ Name _____

I1 What type of entity is this partner? **TRUST****I2** If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here **J** Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	19.0000000%	19.0000000%
Loss	19.0000000%	19.0000000%
Capital	19.0000000%	19.0000000%

Check if decrease is due to sale or exchange of partnership interest **K** Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	\$	\$
Qualified nonrecourse financing	\$	[REDACTED]
Recourse	\$	[REDACTED]
<input type="checkbox"/> Check this box if Item K		

**L Partner's Capital Account Analysis
SEE STATEMENT**

Beginning capital account	\$	[REDACTED]
Capital contributed during the year	\$	[REDACTED]
Current year net income (loss)	\$	[REDACTED]
Other increase (decrease) (attach explanation)	\$	[REDACTED]
Withdrawals & distributions	\$ ()	[REDACTED]
Ending capital account	\$	[REDACTED]

M Did the partner contribute property with a built-in gain or loss? Yes No If "Yes," attach statement. See instructions.
N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)

Beginning	\$	[REDACTED]
Ending	\$	[REDACTED]

 Final K-1 Amended K-1

OMB No. 1545-0123

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1 Ordinary business income (loss)	[REDACTED]	15 Credits
2 Net rental real estate income (loss)	[REDACTED]	16 Foreign transactions
3 Other net rental income (loss)	[REDACTED]	
4a Guaranteed payments for services	[REDACTED]	
4b Guaranteed payments for capital	[REDACTED]	
4c Total guaranteed payments	[REDACTED]	17 Alternative min tax (AMT) items
5 Interest income	[REDACTED]	
6a Ordinary dividends	[REDACTED]	18 Tax-exempt income and nondeductible expenses
6b Qualified dividends	[REDACTED]	
6c Dividend equivalents	[REDACTED]	
7 Royalties	[REDACTED]	19 Distributions
8 Net short-term capital gain (loss)	[REDACTED]	
9a Net long-term capital gain (loss)	[REDACTED]	20 Other information
9b Collectibles (28%) gain (loss)	[REDACTED]	
9c Unrecaptured section 1250 gain	[REDACTED]	
10 Net section 1231 gain (loss)	[REDACTED]	
11 Other income (loss)	[REDACTED]	
12 Section 179 deduction	[REDACTED]	
13 Other deductions	[REDACTED]	
14 Self-employment earnings (loss)	[REDACTED]	
21 <input type="checkbox"/> More than one activity for at-risk purposes*		
22 <input type="checkbox"/> More than one activity for passive activity purposes*		

*See attached statement for additional information.

For IRS Use Only

SCHEDULE K-1

ITEM L. PARTNER'S CAPITAL ACCOUNT ANALYSIS

TAX BASIS

**Schedule K-1
(Form 1065)**

 Department of the Treasury
Internal Revenue Service
2019

For calendar year 2019, or tax year

beginning [REDACTED]

ending [REDACTED]

**Partner's Share of Income, Deductions,
Credits, etc.**

► See separate instructions.

Part I Information About the Partnership
A Partnership's employer identification number

[REDACTED] 691

B Partnership's name, address, city, state, and ZIP code
SDM HOLDINGS LLC
35 TOWER LANE
AVON, CT 06001
C IRS Center where partnership filed return ►**E-FILE****D** Check if this is a publicly traded partnership (PTP)
Part II Information About the Partner
E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See inst.)

[REDACTED] 774

F Name, address, city, state, and ZIP code for partner entered in E. See instructions.
PHOENIX CHARITABLE TRUST
35 TOWER LANE
AVON, CT 06001
G General partner or LLC member-manager Limited partner or other LLC member**H1** Domestic partner Foreign partner**H2** If the partner is a disregarded entity (DE), enter the partner's:

TIN _____ Name _____

I1 What type of entity is this partner? **TRUST****I2** If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here **J** Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	19.0000000%	19.0000000%
Loss	19.0000000%	19.0000000%
Capital	19.0000000%	19.0000000%

Check if decrease is due to sale or exchange of partnership interest **K** Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	\$	\$
Qualified nonrecourse financing	\$	[REDACTED]
Recourse	\$	[REDACTED]
<input type="checkbox"/> Check this box if item K		

**L Partner's Capital Account Analysis
SEE STATEMENT**

Beginning capital account	\$	[REDACTED]
Capital contributed during the year	\$	[REDACTED]
Current year net income (loss)	\$	[REDACTED]
Other increase (decrease) (attach explanation)	\$	[REDACTED]
Withdrawals & distributions	\$ ()	[REDACTED]
Ending capital account	\$	[REDACTED]

M Did the partner contribute property with a built-in gain or loss? Yes No If "Yes," attach statement. See instructions.
N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)

Beginning	\$	[REDACTED]
Ending	\$	[REDACTED]

 Final K-1 Amended K-1

OMB No. 1545-0123

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1 Ordinary business income (loss)	[REDACTED]	15 Credits
2 Net rental real estate income (loss)	[REDACTED]	16 Foreign transactions
3 Other net rental income (loss)	[REDACTED]	
4a Guaranteed payments for services	[REDACTED]	
4b Guaranteed payments for capital	[REDACTED]	
4c Total guaranteed payments	[REDACTED]	17 Alternative min tax (AMT) items
5 Interest income	[REDACTED]	
6a Ordinary dividends	[REDACTED]	18 Tax-exempt income and nondeductible expenses
6b Qualified dividends	[REDACTED]	
6c Dividend equivalents	[REDACTED]	
7 Royalties	[REDACTED]	19 Distributions
8 Net short-term capital gain (loss)	[REDACTED]	
9a Net long-term capital gain (loss)	[REDACTED]	20 Other information
9b Collectibles (28%) gain (loss)	[REDACTED]	
9c Unrecaptured section 1250 gain	[REDACTED]	
10 Net section 1231 gain (loss)	[REDACTED]	
11 Other income (loss)	[REDACTED]	
12 Section 179 deduction	[REDACTED]	
13 Other deductions	[REDACTED]	
14 Self-employment earnings (loss)	[REDACTED]	
21 <input type="checkbox"/> More than one activity for at-risk purposes*	[REDACTED]	
22 <input type="checkbox"/> More than one activity for passive activity purposes*	[REDACTED]	

*See attached statement for additional information.

For IRS Use Only

SCHEDULE K-1

ITEM L. PARTNER'S CAPITAL ACCOUNT ANALYSIS

TAX BASIS

2019

Form CT-1065/CT-1120SI EXT

Application for Extension of Time to File
Connecticut Pass-Through Entity Tax Return
(Rev. 12/19)



10651120SIEXT1219V011019

SDM HOLDINGS LLC

► [REDACTED] 91

35 TOWER LANE

►

AVON CT 06001 -

N Limited liability partnership (LLP) N Limited partnership (LP) N General partnership (GP)

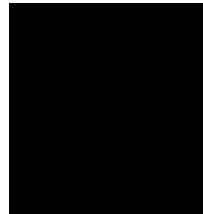
N S corporation Y Partnership (LLC treated as a partnership)

I request a six-month extension of time to September 15, 2020, to file Form CT-1065/CT-1120SI, Connecticut Pass-Through Entity Tax Return, and the same extension of time to furnish Schedule CT K-1, Member's Share of Certain Connecticut Items, to members for calendar year 2019, or until for taxable year ending ►

Y A federal extension has been requested on federal Form 7004, Application for an Automatic Extension of Time to File Certain Business Income Tax, Information, and Other Returns, for calendar year 2019 or taxable year beginning (MMDDYYYY) and ending (MMDDYYYY). If a federal extension has not been filed, explain why you are requesting the Connecticut extension:

Notification will be sent only if the extension request is denied.

1. 2019 tax liability: You may estimate this amount. An amount must be entered on Line 1.
If no tax is due, enter zero "0." 1.
2. Estimated payments made during taxable year and overpayment applied from prior year 2.
3. Amount due with this form. Subtract Line 2 from Line 1. If less than zero, enter zero "0." ► 3.



Declaration: I declare under the penalty of law that I have examined this return and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) is a fine of not more than \$5,000, imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Signature of general partner or corporate officer

Date

Keep a copy for your records.

General partner or corporate officer's title

Telephone number

Paid preparer's name

RONALD LARROW, CPA

Paid preparer's signature

Date

Preparer's SSN or PTIN

09142020

[REDACTED]

Firm's name, address, and ZIP code

SIMIONE MACCA LARROW LLP
4130 WHITNEY AVENUE
HAMDEN CT 06518

Firm's FEIN

Telephone number

2032810540

941851
10-18-19

Self-employed N

10651120SIEXT1219V011019

Form CT-1065/CT-1120SI EXT

Do not send this sheet with your application.

Form CT-1065/CT-1120SI EXT is required to be electronically filed.

Only taxpayers that receive a waiver from electronic filing from DRS may file a paper version of this form.

To request a waiver from the electronic filing requirement taxpayers must visit www.ct.gov/drs/TSCfiling and complete **Form DRS-EWVR, Electronic Filing and Payment Waiver Request**.

Checklist for filing your Connecticut application for extension of time to file Connecticut income tax return:

1. You MUST have applied for AND received a waiver from electronic filing from DRS.
2. Be sure that the application is not printed on the back of this sheet.
3. Verify that the address lines on the application are correct and proper abbreviations are used.
4. Do not attempt to remove or modify the solid boxes that print out on your application. Altering target marks may affect the processing of your application.
5. Do not send "Draft" or "Unapproved" versions of your application. This will delay or stop the processing of your application.
6. Do not make manual (hand written or typed) corrections to your application; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the application.
7. Do not use this application to change or amend previously filed returns.
8. Make check payable to: **Commissioner of Revenue Services**
9. To ensure proper posting, write your FEIN or Connecticut Tax Registration Number (optional) and "**2019 Form CT-1065/CT-1120SI EXT**" on your check.
10. To mail your coupon, use the following addresses:
Forms with payment, mail to:
Department of Revenue Services
PO Box 5019
Hartford CT 06104-5019
- Forms without payment:**
Department of Revenue Services
PO Box 2967
Hartford CT 06115-2967

11. Verify that all fields print completely and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the application.

Do not send this sheet with your application.

Do Not File

10651120SI1219V011019



Form CT-1065/CT-1120SI 2019

Connecticut Pass-Through Entity Tax Return
(Rev. 02/20)

Income year beginning ► 01012019 and ending ► 12312019

- SDM HOLDINGS LLC ► [REDACTED] 91
- 35 TOWER LANE ►
- AVON CT 06001 - ►

Type of PE

- N LLP ► N LP ► N GP ► N S corp ► Y Partnership

Pass-Through Entity Information

A. Return type: ► N Final (out of business in CT) ► N Amended ► N Short period Date of dissolution:

Explanation:

B. N Change of address. C. Business Code Number: ► 523900

D. (a) Did PE transfer a controlling interest in entity that owns, directly or indirectly, CT real property?

► N

FEIN

Entity name:

(b) If PE directly or indirectly owns CT real property, was a controlling interest of this PE transferred?

► N

FEIN/SSN

Transferor name:

(c) If Yes to either (a) or (b), enter Transferee(s) name: and attach a list of addresses for all Connecticut real property transferred.

Date of transfer

E. Did this PE elect out of the new federal centralized partnership audit regime enacted by the Bipartisan Budget Act of 2015? ► N

Filing Basis Required. Select one.

- Y Standard Basis (default). Complete Form CT-1065/CT-1120SI.
► N Alternative Basis (election). Complete Form CT-1065/CT-1120SI and attach Schedule CT-AB, Alternative Base Calculation.

Combined Election Optional.

- N PE elects to calculate its tax as a combined group with other commonly-owned PEs.
If combined election is made, select one of the following:
► N PE is the Designated Combined Reporting PE. Complete Schedule CT-CE, Combined Election.
On Part I, Schedule A, Line 1, enter the amount from Schedule CT-CE, Section 1, Line 9, Column C
► N PE's income is reported on Schedule CT-CE filed by the Designated Combined Reporting PE listed below.
Complete this return, except enter zero ("0") on Part I, Schedule A, Line 1.
Designated Combined Reporting PE's name: ►
Designated Combined Reporting PE's FEIN: ►

Each PE must file its own return and select the same filing base (standard or alternative) as the other members of the combined group.

Nonresident Composite Income Tax Remittance Election Optional.

- N PE elects to remit income tax on behalf of its nonresident members. If election is made, complete Form CT-1065/CT-1120SI and attach Schedule CT-NR, Elective Composite Income Tax Remittance Calculation. By checking this box, the PE agrees to the terms and conditions as set forth in Schedule CT-NR.



10651120SI1219V011019



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Part I, Schedule A - Computation of Amount Due

1. PE Income/(Loss) Subject to Tax
Standard Base Filers: Enter amount from Part I, Schedule B, Line 20, Column D.
Alternative Base Filers: Enter the amount from Schedule CT-AB, Section 1, Line 5.
Combined Filers: See instructions.
- 2a. PE Tax due: Multiply Line 1 by 6.99% (.0699). If Line 1 is zero or less, enter zero ("0").
- 2b. Elective Composite Income Tax Remittance from Schedule CT-NR, Line 22 (if applicable).
2. Total tax due: Add Line 2a and Line 2b.
- 3a. 2019 estimated payments
- 3b. Payment made with Form CT-1065/CT-1120SI EXT
- 3c. Overpayment from prior year applied to 2019
3. Tax payments: Enter the total of Lines 3a, 3b, and 3c.
4. Balance due/(overpaid): Subtract Line 3 from Line 2.
- 5a. If late, enter penalty.
- 5b. If late, enter interest. Multiply the amount on Line 4 by 1% (.01). Multiply the result by the number of months or fraction of a month late.
- 5c. Interest on underpayment of estimated tax
- 5d. If annualizing estimated payments, check here:
5. Total penalty and interest: Enter the total of Lines 5a, 5b and 5c.
- 6a. Amount to be applied to 2020 estimated PE tax
- 6b. Amount to be refunded
For faster refund, use Direct Deposit by completing Lines 6c, 6d, and 6e.
- 6c. Acct. type: ► Ck ► Sv 6d. Rout. # ► 6e. Acct. # ►
- 6f. Will this refund go to a bank account outside the U.S.? 6f. ► N
6. Total to be credited or refunded: Enter the total of Line 6a and Line 6b.
7. Total amount due: Add Line 4 and Line 5.

DECLARATION: I declare under the penalty of law that I have examined this return and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) is a fine of not more than \$5,000, imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Signature of general partner or corporate officer

Date

Title
MEMBER

Telephone number

DRS may contact the preparer shown below about this return.

Y

Email of general partner or corporate officer

Paid preparer's name

Paid preparer's signature

Date

Preparer's SSN or PTIN

RONALD LARROW, CPA

Firm's name, address, and ZIP code

09142020 ►

[REDACTED]

SIMIONE MACCA & LARROW, LLP

4130 WHITNEY AVENUE HAMDEN, CT 06518

Self-employed

Firm's FEIN

Telephone number

N

2032810540



**Part I, Schedule B -
Computation of PE's
Own Connecticut
Source Income/(Loss)**

Column A	Column B	Column C	Column D
Amounts Reported by this PE on Federal Schedule K	Amounts From Subsidiary PE(s)	PE's Income/(Loss) From Its Own Activities (Column A minus Column B)	PE's Connecticut Source Income/(Loss) From Its Own Activities (Apportioned or allocated from Column C)

1. Ordinary business income (loss) 1. ►
2. Net rental real estate income (loss) 2. ►
3. Other net rental income (loss) 3. ►
4. Guaranteed payments 4. ►
5. Interest income 5. ►
- 6a. Ordinary dividends 6a. ►
7. Royalties 7. ►
8. Net short-term capital gain (loss) 8. ►
9. Net long-term capital gain (loss) 9. ►
10. Net section 1231 gain (loss) 10. ►
11. Other income (loss):
Attach statement. 11. ►
- 11a. **Subtotal:** Add Lines 1 through 11. 11a. ►
12. Section 179 deduction 12. ►
13. Other deductions:
Attach statement. 13. ►
- 13a. **Subtotal:** Add Line 12 and Line 13. 13a. ►
14. **Total:** Subtract Line 13a from Line 11a. 14. ►
15. Subtractions from Part I, Schedule C, Line 12a 15. ►
16. **Subtotal:** Subtract Line 15 from Line 14. 16. ►
- 17a. CT PE tax payments deducted 17a. ►
- 17b. Additions from Part I, Schedule C, Line 6a 17b. ►
18. **Subtotal:** Add Lines 16, 17a, and 17b. 18. ►
19. Net operating loss. Enter as a positive amount. 19. ►
20. **Total:** Enter the amount from Line 1 for Columns A, B, and C.
Subtract Line 19 from Line 18 for Column D. 20. ►

**Part I Schedule C - PE's Connecticut Modifications**

	Column A Total Modifications	Column B Modifications Reported on Schedule CT K-1s from Subsidiary PE(s)	Column C PE's Net Modifications (Column A minus Column B)	Column D PE's Connecticut Source Net Modifications (Apportioned or allocated from Column C)
1. Interest on state and local government obligations other than Connecticut	1. ►			
2. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	2. ►			
3. Certain deductions relating to income exempt from Connecticut income tax	3. ►			
4. Section 168(k) fed. bonus depreciation allowed for property placed in service during this year	4. ►			
5. 80% of Section 179 deduction	5. ►			
6. Other: Attach statement.	6. ►			
6a. Total additions: Add Lines 1 through 6.	6a. ►			
7. Interest on U.S. government obligations	7. ►			
8. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	8. ►			
9. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax	9. ►			
10. 25% of Section 168(k) fed. bonus depreciation added back in preceding two years	10. ►			
11. 25% of Section 179 fed. deduction added back in preceding year	11. ►			
12. Other: Attach statement.	12. ►			
12a. Total subtractions: Add Lines 7 through 12.	12a. ►			

**Part I Schedule D - Subsidiary PE Information** (Attach supplemental attachment(s), if needed.)

Name of Subsidiary PE	FEIN	Column A Amount Reported on Federal K-1	Column B Amount From Connecticut Sources	Column C PE Tax Credit Reported on Schedule CT K-1, Part III, Line 1
1. ►	►	►		
2. ►	►	►		
3. ►	►	►		
4. ►	►	►		
5. ►	►	►		
6. Subtotal(s) from supplemental attachment(s)		►		
7. Total: Add Lines 1 through 6.		►		

Part II - Allocation and Apportionment of Income

If the PE carries on business only within Connecticut, enter 1.0000 (100%)
on Line 8 and leave the other lines blank.

	Column A	Column B
1. Gross receipts from sale of tangible property	1. ►	
2. Gross receipts from services	2. ►	
3. Gross receipts from rental, lease, license of tangible property	3. ►	
4. Gross receipts from rental, lease, license of intangible property	4. ►	
5. Gross receipts from sale of intangible property	5. ►	
6. Other receipts	6. ►	
7. Total: Total of Lines 1 through 6, in Column A and Column B.	7. ►	
8. Apportionment fraction: Divide Line 7, Column A, by Line 7, Column B, and carry to six decimal places.	8. ►	



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Part III - Member Information (Attach supplemental attachment(s), if needed.)

Member number Member type code Member FEIN or SSN

► 3 ► RT ► [REDACTED] 6

Name

► ALLIANCE CHARITABLE TRUST

Street address

► 35 TOWER LANE

City/town

State ZIP code

► AVON ► CT ► 06001

Distributive Share %
 Entered as a decimal.
Capital Ownership %
 Entered as a decimal.

► +0.190000 ► 0.190000

Member number Member type code Member FEIN or SSN

► 4 ► RT ► [REDACTED] 68

Name

► AVON TRUST

Street address

► 35 TOWER LANE

City/town

State ZIP code

► AVON ► CT ► 06001

Distributive Share %
 Entered as a decimal.
Capital Ownership %
 Entered as a decimal.

► +0.190000 ► 0.190000

Member number Member type code Member FEIN or SSN

► 5 ► RT ► [REDACTED] 47

Name

► ATLANTIC TRUST

Street address

► 35 TOWER LANE

City/town

State ZIP code

► AVON ► CT ► 06001

Distributive Share %
 Entered as a decimal.
Capital Ownership %
 Entered as a decimal.

► +0.190000 ► 0.190000

Part IV - PE's Total Connecticut Source Income/(Loss)

	Column A	Column B	Column C
	Connecticut Source Portion of PE Income/(Loss) From PE's Own Activities	Connecticut Source Portion of Subsidiary PE Income/(Loss)	PE's Total Connecticut Source Income/(Loss) (Column A plus Column B)
1. Ordinary business income (loss)	1.	[REDACTED]	[REDACTED]
2. Net rental real estate income (loss)	2.	[REDACTED]	[REDACTED]
3. Other net rental income (loss)	3.	[REDACTED]	[REDACTED]
4. Guaranteed payments	4.	[REDACTED]	[REDACTED]
5. Interest income	5.	[REDACTED]	[REDACTED]
6a. Ordinary dividends	6a.	[REDACTED]	[REDACTED]
7. Royalties	7.	[REDACTED]	[REDACTED]
8. Net short-term capital gain (loss)	8.	[REDACTED]	[REDACTED]
9a. Net long-term capital gain (loss)	9.	[REDACTED]	[REDACTED]
10. Net section 1231 gain (loss)	10.	[REDACTED]	[REDACTED]
11. Other income (loss): Attach statement.	11.	[REDACTED]	[REDACTED]
12. Section 179 deduction	12.	[REDACTED]	[REDACTED]
13. Other deductions: Attach statement.	13.	[REDACTED]	[REDACTED]

**Part V - Member's Total Share of Connecticut Modifications** (Attach supplemental attachment(s), if needed.)

Member number

Member number

Member number

Member number

Additions:

1. Interest on state and local government obligations other than Connecticut 1. ►
2. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations 2. ►
3. Certain deductions relating to income exempt from Connecticut income tax 3. ►
4. Section 168(k) federal bonus depreciation allowed for property placed in service during the year 4. ►
5. 80% of Section 179 fed. deduction 5. ►
6. Other Specify: 6. ►

--	--	--	--

Subtractions:

7. Interest on U.S. government obligations 7. ►
8. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations 8. ►
9. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax 9. ►
10. 25 % of Section 168(k) federal bonus depreciation added back in preceding two years 10. ►
11. 25% of Section 179 federal deduction added back in preceding year 11. ►
12. Other Specify: 12. ►

Additional Information Required to be Reported to Nonresident, Noncorporate Members and PE Members

13. Member's portion of Connecticut PE tax payments deducted in calculating income/(loss) for federal purposes:
Enter the member's distributive share of the amount reported on Part I, Schedule B,
Line 17a, Column A 13. ►

**Part VI - Member's Total Connecticut Source Income/(Loss)** (Attach supplemental attachment(s), if needed.)

Enter member's distributive share of Connecticut source items from Part IV, Column C.

	Member number	Member number	Member number	Member number
	3	4	5	6
1. Ordinary business income (loss)	1. ►			
2. Net rental real estate income (loss)	2. ►			
3. Other net rental income (loss)	3. ►			
4. Guaranteed payments	4. ►			
5. Interest income	5. ►			
6a. Ordinary dividends	6a. ►			
7. Royalties	7. ►			
8. Net short-term capital gain (loss)	8. ►			
9a. Net long-term capital gain (loss)	9a. ►			
10. Net section 1231 gain (loss)	10. ►			
11. Other income (loss): Attach statement.	11. ►			
12. Section 179 deduction	12. ►			
13. Other deductions: Attach statement.	13. ►			

Part VII - Connecticut Income Tax Credit Summary (Attach supplemental attachment(s), if needed.)

	Member number	Member number	Member number	Member number
	2	3	4	5
1. Reserved for future use.	1.			
2. Reserved for future use.	2.			
3. Angel investor tax credit	3. ►			
4. Insurance reinvestment fund tax credit	4. ►			
5. Total credits: Total of Line 3 and Line 4.	5.			



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Do not complete Part VIII or Part IX if the PE has made the election to calculate its tax as a combined group on Page 1.

Part VIII - Direct PE Tax Credit Calculation.

1. Enter the amount of tax from Part I, Schedule A, Line 2a.
2. Total Direct PE Tax Credit Available to Members: Multiply Line 1 by 87.5% (.875).
If Line 1 is zero, enter zero ("0").

1.

2. ►

Part IX - Allocation of PE Tax Credit to Members. (Attach supplemental attachment(s), if needed.)

	Column A Member number	Column B Direct PE Tax Credit	Column C Indirect PE Tax Credit From Subsidiary PE(s)	Column D Total PE Tax Credit (Column B plus Column C)
1.	► 3	1.		
2.	► 4	2.		
3.	► 5	3.		
4.	► 6	4.		
5.	► 2	5.		
6.	► 0	6.		
7.	► 0	7.		
8.	► 0	8.		
9.	► 0	9.		
10.	Subtotal(s) from supplemental attachments(s)	10.		
11. Total		11.		

Form CT-1065/1120SI

Do not send this sheet with your return.

Checklist for filing your Connecticut Pass-Through Entity Tax Return:

1. Be sure that the return is not printed on the back of this sheet.
2. Verify that the address lines are correct and proper abbreviations are used.
3. Do not attempt to remove or modify the solid boxes that print out. Altering target marks may affect the processing of your return.
4. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
5. **Do not make manual (hand written or typed) corrections; this is a machine readable return.
Changes may only be made by reentering information in your software and re-printing the return.**
6. Make check payable to: **Commissioner of Revenue Services**
7. To ensure proper posting, write your FEIN (optional) and "**2019 Form CT-1065/CT-1120SI**" on your check.
8. File amended returns and returns where an electronic filing waiver has been granted to the corresponding address listed below.

Mail paper return **with payment** to:
Department of Revenue Services
State of Connecticut
PO Box 5019
Hartford CT 06102-5019

Mail paper return **without payment** to:
Department of Revenue Services
State of Connecticut
PO Box 2967
Hartford CT 06104-2967

9. Verify that all fields print completely and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.

Do not send this sheet with your return.

Do Not File

Part III - Member Information

Member #	FEIN or SSN	Member Type Code	Distributive Share % Entered as a decimal.	Capital Ownership % Entered as a decimal.
► 6 ► [REDACTED] 774 ► RT			►+0.190000	► 0.190000
Name ► PHOENIX CHARITABLE TRUST				
Street address ► 35 TOWER LANE				
City/town ► AVON		State ► CT	ZIP code ► 06001	
Member #	FEIN or SSN	Member Type Code	Distributive Share % Entered as a decimal.	Capital Ownership % Entered as a decimal.
► 2 ► [REDACTED] 208	► CM		►+0.240000	► 0.240000
Name ► CAROLINE FINANCIAL GROUP				
Street address ► 35 TOWER LANE				
City/town ► AVON		State ► CT	ZIP code ► 06001	
Member #	FEIN or SSN	Member Type Code	Distributive Share % Entered as a decimal.	Capital Ownership % Entered as a decimal.
► [REDACTED]	►	►	►	►
Name ►				
Street address ►				
City/town ►		State ►	ZIP code ►	
Member #	FEIN or SSN	Member Type Code	Distributive Share % Entered as a decimal.	Capital Ownership % Entered as a decimal.
► [REDACTED]	►	►	►	►
Name ►				
Street address ►				
City/town ►		State ►	ZIP code ►	
Member #	FEIN or SSN	Member Type Code	Distributive Share % Entered as a decimal.	Capital Ownership % Entered as a decimal.
► [REDACTED]	►	►	►	►
Name ►				
Street address ►				
City/town ►		State ►	ZIP code ►	
Member #	FEIN or SSN	Member Type Code	Distributive Share % Entered as a decimal.	Capital Ownership % Entered as a decimal.
► [REDACTED]	►	►	►	►
Name ►				
Street address ►				
City/town ►		State ►	ZIP code ►	

Part VI - Member's Total Connecticut Source Income/(Loss)

	Member #	Member #	Member #	Member #
1. Ordinary business income (loss)	1. ►			
2. Net rental real estate income (loss)	2. ►			
3. Other net rental income (loss)	3. ►			
4. Guaranteed payments	4. ►			
5. Interest income	5. ►			
6a. Ordinary dividends	6a. ►			
7. Royalties	7. ►			
8. Net short-term capital gain (loss)	8. ►			
9a. Net long-term capital gain (loss)	9a. ►			
10. Net section 1231 gain (loss)	10. ►			
11. Other income (loss): Attach statement	11. ►			
12. Section 179 deduction	12. ►			
13. Other deductions: Attach statement	13. ►			

Part VII - Connecticut Income Tax Credit Summary

	Member #	Member #	Member #	Member #
	6			
1. Reserved for future use	1.			
2. Reserved for future use	2.			
3. Angel investor tax credit	3. ►			
4. Insurance reinvestment fund tax credit	4. ►			
5. Total credits: Total of Line 3 and Line 4.	5.			

Schedule CT K-1
Member's Share of Certain Connecticut Items

2019

Complete in blue or black ink only.

For calendar year 2019 or other taxable year ► beginning _____, 2019, and ► ending _____.

Pass-through entity (PE) information		Member information			
Federal Employer ID Number (FEIN) ► 1	CT Tax Registration Number ►	Member's Social Security Number (SSN) or FEIN ► 8	► <input type="checkbox"/> SSN ► <input checked="" type="checkbox"/> FEIN		
Name ► SDM HOLDINGS LLC		Name ► CAROLINE FINANCIAL GROUP			
Number and street address ► 35 TOWER LANE	PO Box	Number and street address ► 35 TOWER LANE	PO Box		
City or town ► AVON, CT 06001	State	ZIP code	City or town ► AVON, CT 06001	State	ZIP code
Check the box if this is an amended or a final Schedule CT K-1. ► <input type="checkbox"/> Amended Schedule CT K-1 ► <input type="checkbox"/> Final Schedule CT K-1 ► <input type="checkbox"/> PE filed as part of a combined PE Tax return . ► <input type="checkbox"/> PE filed Schedule CT-NR, Elective Composite Income Tax Remittance Calculation .		Type of member (check one): ► <input type="checkbox"/> RI ► <input type="checkbox"/> RE ► <input type="checkbox"/> RT ► <input type="checkbox"/> PE ► <input type="checkbox"/> NI ► <input type="checkbox"/> NE ► <input type="checkbox"/> NT ► <input checked="" type="checkbox"/> CM			
If either box is checked, see instructions.					

Part I - Connecticut Modifications

Additions Enter all amounts as positive numbers.

1. Interest on state and local obligations other than Connecticut
2. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations
3. Certain deductions relating to income exempt from Connecticut income tax
4. Section 168(k) federal bonus depreciation deduction allowed for property placed in service during this year
5. 80% of Section 179 federal deduction
6. Other - specify

Subtractions Enter all amounts as positive numbers.

7. Interest on U.S. government obligations
8. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations
9. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax
10. 25% of Section 168(k) federal bonus depreciation deduction added back in preceding two years
11. 25% of Section 179 federal deduction added back in preceding year
12. Other - specify

Part II - Total Connecticut Source Income/(Loss)

Column A

From Federal Schedule K-1

Column B

From Form CT-1065/CT-1120SI, Part VI

1. Ordinary business income (loss)	1.
2. Net rental real estate income (loss)	2.
3. Other net rental income (loss)	3.
4. Guaranteed payments	4.
5. Interest income	5.
6a. Ordinary dividends	6a.
7. Royalties	7.
8. Net short-term capital gain (loss)	8.
9a. Net long-term capital gain (loss)	9a.
10. Net section 1231 gain (loss)	10.
11. Other income (loss): Attach statement	11.
12. Section 179 deduction	12.
13. Other deductions: Attach statement	13.

Part III - Connecticut PE Tax Credit Information

1. Member's Connecticut PE Tax Credit ► [REDACTED]

Individuals, trusts, and estates: Report this amount on **Schedule CT-PE, Pass-Through Entity Tax Credit.**

C corporations: Report this amount on **Form CT-1120PE, Pass-Through Entity Tax Credit.**

Parent PE members: Report this amount on Form CT-1065/CT-1120SI, Part I, *Schedule D*, Column C. Do not claim this as a payment on Form CT-1065/CT-1120SI, Part I, *Schedule A*.

Part IV - Elective Composite Income Tax Information

1. Composite Income Tax payment made by PE on behalf of nonresident individual (NI) member [REDACTED] 1.

Nonresident individuals: Report this amount on **Form CT-1040NR/PY, Connecticut Nonresident and Part-Year Resident** on one of the lines for income tax withheld (Lines 20a through 20f). See instructions.

Part V - Connecticut Income Tax Credit Summary

		2019 Total credit earned by member in 2019 (from Form CT-1065/CT-1120SI, Part VII)
1.	Reserved for future use.	1.
2.	Reserved for future use.	2.
3.	Angel investor tax credit	3.
4.	Insurance reinvestment fund tax credit	4.
5.	Total credits: Add Line 3 and Line 4.	5.

Part VI - Additional Information Required to be Reported to Nonresident, Noncorporate M

1. Member's portion of Connecticut PE Tax payments deducted in calculating income/(loss) for federal purposes

Part VI is for informational purposes. This is not your PE Tax Credit. Your PE Tax Credit is reported in Part III.

Schedule CT K-1
Member's Share of Certain Connecticut Items

2019

Complete in blue or black ink only.

For calendar year 2019 or other taxable year ► beginning _____, 2019, and ► ending _____.

Pass-through entity (PE) information		Member information	
Federal Employer ID Number (FEIN) ► 691	CT Tax Registration Number ►	Member's Social Security Number (SSN) or FEIN ► 96	► <input type="checkbox"/> SSN ► <input checked="" type="checkbox"/> FEIN
Name ► SDM HOLDINGS LLC		Name ► ALLIANCE CHARITABLE TRUST	
Number and street address ► 35 TOWER LANE	Number and street address ► 35 TOWER LANE		
City or town ► AVON, CT 06001	State	ZIP code	State
City or town ► AVON, CT 06001		ZIP code	
<p>Check the box if this is an amended or a final Schedule CT K-1.</p> <p>► <input type="checkbox"/> Amended Schedule CT K-1 ► <input type="checkbox"/> Final Schedule CT K-1</p> <p>► <input type="checkbox"/> PE filed as part of a combined PE Tax return.</p> <p>► <input type="checkbox"/> PE filed Schedule CT-NR, Elective Composite Income Tax Remittance Calculation.</p> <p>If either box is checked, see instructions.</p>			
Type of member (check one): <p>► <input type="checkbox"/> RI ► <input type="checkbox"/> RE ► <input checked="" type="checkbox"/> RT ► <input type="checkbox"/> PE</p> <p>► <input type="checkbox"/> NI ► <input type="checkbox"/> NE ► <input type="checkbox"/> NT ► <input type="checkbox"/> CM</p>			

Part I - Connecticut Modifications

From Form CT-1065/CT-1120SI, Part V

Additions Enter all amounts as positive numbers.

1. Interest on state and local obligations other than Connecticut ► 1.
2. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations ► 2.
3. Certain deductions relating to income exempt from Connecticut income tax ► 3.
4. Section 168(k) federal bonus depreciation deduction allowed for property placed in service during this year ► 4.
5. 80% of Section 179 federal deduction ► 5.
6. Other - specify ► 6.

Subtractions Enter all amounts as positive numbers.

7. Interest on U.S. government obligations ► 7.
8. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations ► 8.
9. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax ► 9.
10. 25% of Section 168(k) federal bonus depreciation deduction added back in preceding two years ► 10.
11. 25% of Section 179 federal deduction added back in preceding year ► 11.
12. Other - specify ► 12.

Part II - Total Connecticut Source Income/(Loss)

Column A

From Federal Schedule K-1

Column B

From Form CT-1065/CT-1120SI, Part VI

1. Ordinary business income (loss) 1.
2. Net rental real estate income (loss) 2.
3. Other net rental income (loss) 3.
4. Guaranteed payments 4.
5. Interest income 5.
- 6a. Ordinary dividends 6a.
7. Royalties 7.
8. Net short-term capital gain (loss) 8.
- 9a. Net long-term capital gain (loss) 9a.
10. Net section 1231 gain (loss) 10.
11. Other income (loss): Attach statement 11.
12. Section 179 deduction 12.
13. Other deductions: Attach statement 13.

Part III - Connecticut PE Tax Credit Information

1. Member's Connecticut PE Tax Credit ► 1 [REDACTED]

Individuals, trusts, and estates: Report this amount on **Schedule CT-PE, Pass-Through Entity Tax Credit.**

C corporations: Report this amount on **Form CT-1120PE, Pass-Through Entity Tax Credit.**

Parent PE members: Report this amount on Form CT-1065/CT-1120SI, Part I, *Schedule D*, Column C. Do not claim this as a payment on Form CT-1065/CT-1120SI, Part I, *Schedule A*.

Part IV - Elective Composite Income Tax Information

1. Composite Income Tax payment made by PE on behalf of nonresident individual (NI) member 1 [REDACTED]

Nonresident individuals: Report this amount on **Form CT-1040NR/PY, Connecticut Nonresident and Part-Year Resident Income Tax Return**, on one of the lines for income tax withheld (Lines 20a through 20f). See instructions.

Part V - Connecticut Income Tax Credit Summary

		2019 Total credit earned by member in 2019 (from Form CT-1065/CT-1120SI, Part VII)
1. Reserved for future use.	.....	1.
2. Reserved for future use.	.....	2.
3. Angel investor tax credit	.....	3.
4. Insurance reinvestment fund tax credit	.....	4.
5. Total credits: Add Line 3 and Line 4.	.....	5.

Part VI - Additional Information Required to be Reported to Nonresident, Noncorporate Members and PE Members

1. Member's portion of Connecticut PE Tax payments deducted in calculating income/(loss) for federal purposes 1 [REDACTED]

Part VI is for informational purposes. This is not your PE Tax Credit. Your PE Tax Credit is reported in Part III.

Schedule CT K-1
Member's Share of Certain Connecticut Items

2019

Complete in blue or black ink only.

For calendar year 2019 or other taxable year ► beginning _____, 2019, and ► ending _____.

Pass-through entity (PE) information		Member information	
Federal Employer ID Number (FEIN) ► 691	CT Tax Registration Number ►	Member's Social Security Number (SSN) or FEIN ► 68	► <input type="checkbox"/> SSN ► <input checked="" type="checkbox"/> FEIN
Name ► SDM HOLDINGS LLC		Name ► AVON TRUST	
Number and street address ► 35 TOWER LANE	Number and street address ► 35 TOWER LANE		
City or town ► AVON, CT 06001	State ►	ZIP code ►	State ►
Check the box if this is an amended or a final Schedule CT K-1. ► <input type="checkbox"/> Amended Schedule CT K-1 ► <input type="checkbox"/> Final Schedule CT K-1 ► <input type="checkbox"/> PE filed as part of a combined PE Tax return . ► <input type="checkbox"/> PE filed Schedule CT-NR, Elective Composite Income Tax Remittance Calculation .		Type of member (check one): ► <input type="checkbox"/> RI ► <input type="checkbox"/> RE ► <input checked="" type="checkbox"/> RT ► <input type="checkbox"/> PE ► <input type="checkbox"/> NI ► <input type="checkbox"/> NE ► <input type="checkbox"/> NT ► <input type="checkbox"/> CM	
If either box is checked, see instructions.			

Part I - Connecticut Modifications

From Form CT-1065/CT-1120SI, Part V

Additions Enter all amounts as positive numbers.

1. Interest on state and local obligations other than Connecticut ► 1.
2. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations ► 2.
3. Certain deductions relating to income exempt from Connecticut income tax ► 3.
4. Section 168(k) federal bonus depreciation deduction allowed for property placed in service during this year ► 4.
5. 80% of Section 179 federal deduction ► 5.
6. Other - specify ► 6.

Subtractions Enter all amounts as positive numbers.

7. Interest on U.S. government obligations ► 7.
8. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations ► 8.
9. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax ► 9.
10. 25% of Section 168(k) federal bonus depreciation deduction added back in preceding two years ► 10.
11. 25% of Section 179 federal deduction added back in preceding year ► 11.
12. Other - specify ► 12.

Part II - Total Connecticut Source Income/(Loss)

Column A

From Federal Schedule K-1

Column B

From Form CT-1065/CT-1120SI, Part VI

1. Ordinary business income (loss)
2. Net rental real estate income (loss)
3. Other net rental income (loss)
4. Guaranteed payments
5. Interest income
- 6a. Ordinary dividends
7. Royalties
8. Net short-term capital gain (loss)
- 9a. Net long-term capital gain (loss)
10. Net section 1231 gain (loss)
11. Other income (loss): Attach statement
12. Section 179 deduction
13. Other deductions: Attach statement

Part III - Connecticut PE Tax Credit Information

1. Member's Connecticut PE Tax Credit ► 1.

Individuals, trusts, and estates: Report this amount on **Schedule CT-PE, Pass-Through Entity Tax Credit**.

C corporations: Report this amount on **Form CT-1120PE, Pass-Through Entity Tax Credit**.

Parent PE members: Report this amount on Form CT-1065/CT-1120SI, Part I, *Schedule D*, Column C. Do not claim this as a payment on Form CT-1065/CT-1120SI, Part I, *Schedule A*.

Part IV - Elective Composite Income Tax Information

1. Composite Income Tax payment made by PE on behalf of nonresident individual (NI) member 1.

Nonresident individuals: Report this amount on **Form CT-1040NR/PY, Connecticut Nonresident and Part-Year Resident** the lines for income tax withheld (Lines 20a through 20f). See instructions.

Part V - Connecticut Income Tax Credit Summary

		2019 Total credit earned by member in 2019 (from Form CT-1065/CT-1120SI, Part VII)
1. Reserved for future use.	.....	1.
2. Reserved for future use.	.....	2.
3. Angel investor tax credit	.....	3.
4. Insurance reinvestment fund tax credit	.....	4.
5. Total credits: Add Line 3 and Line 4.	.....	5.

Part VI - Additional Information Required to be Reported to Nonresident, Noncorporate Members and PE Members

1. Member's portion of Connecticut PE Tax payments deducted in calculating income/(loss) for federal purposes 1.

Part VI is for informational purposes. This is not your PE Tax Credit. Your PE Tax Credit is reported in Part III.

Schedule CT K-1
Member's Share of Certain Connecticut Items

Complete in blue or black ink only.

For calendar year 2019 or other taxable year ► beginning _____, 2019, and ► ending _____.

Pass-through entity (PE) information		Member information	
Federal Employer ID Number (FEIN) ► 691	CT Tax Registration Number ►	Member's Social Security Number (SSN) or FEIN ► 247	► <input type="checkbox"/> SSN ► <input checked="" type="checkbox"/> FEIN
Name ► SDM HOLDINGS LLC	Name ► ATLANTIC TRUST		
Number and street address ► 35 TOWER LANE	Number and street address ► 35 TOWER LANE		
City or town ► AVON, CT 06001	State	ZIP code	State ZIP code ► AVON, CT 06001
Check the box if this is an amended or a final Schedule CT K-1. <input type="checkbox"/> Amended Schedule CT K-1 ► <input type="checkbox"/> Final Schedule CT K-1 <input type="checkbox"/> PE filed as part of a combined PE Tax return . <input type="checkbox"/> PE filed Schedule CT-NR, Elective Composite Income Tax Remittance Calculation . If either box is checked, see instructions.			
Type of member (check one): <input type="checkbox"/> RI ► <input type="checkbox"/> RE ► <input checked="" type="checkbox"/> RT ► <input type="checkbox"/> PE <input type="checkbox"/> NI ► <input type="checkbox"/> NE ► <input type="checkbox"/> NT ► <input type="checkbox"/> CM			

Part I - Connecticut Modifications

Additions Enter all amounts as positive numbers.

1. Interest on state and local obligations other than Connecticut ► 1.
2. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations ► 2.
3. Certain deductions relating to income exempt from Connecticut income tax ► 3.
4. Section 168(k) federal bonus depreciation deduction allowed for property placed in service during this year ► 4.
5. 80% of Section 179 federal deduction ► 5.
6. Other - specify ► 6.

Subtractions Enter all amounts as positive numbers.

7. Interest on U.S. government obligations ► 7.
8. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations ► 8.
9. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax ► 9.
10. 25% of Section 168(k) federal bonus depreciation deduction added back in preceding two years ► 10.
11. 25% of Section 179 federal deduction added back in preceding year ► 11.
12. Other - specify ► 12.

Part II - Total Connecticut Source Income/(Loss)

	Column A	Column B
	From Federal Schedule K-1	From Form CT-1065/CT-1120SL Part VI
1. Ordinary business income (loss)	1.	
2. Net rental real estate income (loss)	2.	
3. Other net rental income (loss)	3.	
4. Guaranteed payments	4.	
5. Interest income	5.	
6a. Ordinary dividends	6a.	
7. Royalties	7.	
8. Net short-term capital gain (loss)	8.	
9a. Net long-term capital gain (loss)	9a.	
10. Net section 1231 gain (loss)	10.	
11. Other income (loss): Attach statement	11.	
12. Section 179 deduction	12.	
13. Other deductions: Attach statement	13.	

Part III - Connecticut PE Tax Credit Information

1. Member's Connecticut PE Tax Credit ► 1.

Individuals, trusts, and estates: Report this amount on **Schedule CT-PE, Pass-Through Entity Tax Credit**.

C corporations: Report this amount on **Form CT-1120PE, Pass-Through Entity Tax Credit**.

Parent PE members: Report this amount on Form CT-1065/CT-1120SI, Part I, *Schedule D*, Column C. Do not claim this as a payment on Form CT-1065/CT-1120SI, Part I, *Schedule A*.

Part IV - Elective Composite Income Tax Information

1. Composite Income Tax payment made by PE on behalf of nonresident individual (NI) member 1.

Nonresident individuals: Report this amount on **Form CT-1040NR/PY, Connecticut Nonresident and Part-Year Resident Income Tax Return**, on one of the lines for income tax withheld (Lines 20a through 20f). See instructions.

Part V - Connecticut Income Tax Credit Summary

		2019 Total credit earned by member in 2019 (from Form CT-1065/CT-1120SI, Part VII)
1. Reserved for future use.	.....	1.
2. Reserved for future use.	.....	2.
3. Angel investor tax credit	.....	3.
4. Insurance reinvestment fund tax credit	.....	4.
5. Total credits: Add Line 3 and Line 4.	.....	5.

Part VI - Additional Information Required to be Reported to Nonresident, Noncorporate Members and PE Members

1. Member's portion of Connecticut PE Tax payments deducted in calculating income/(loss) for federal purposes 1.

Part VI is for informational purposes. This is not your PE Tax Credit. Your PE Tax Credit is reported in Part III.

Schedule CT K-1
Member's Share of Certain Connecticut Items

Complete in blue or black ink only.

For calendar year 2019 or other taxable year ► beginning _____, 2019, and ► ending _____.

Pass-through entity (PE) information		Member information	
Federal Employer ID Number (FEIN) ► 91	CT Tax Registration Number ►	Member's Social Security Number (SSN) or FEIN ► 774	► <input type="checkbox"/> SSN ► <input checked="" type="checkbox"/> FEIN
Name ► SDM HOLDINGS LLC		Name ► PHOENIX CHARITABLE TRUST	
Number and street address ► 35 TOWER LANE	PO Box	Number and street address ► 35 TOWER LANE	PO Box
City or town ► AVON, CT 06001	State	City or town ► AVON, CT 06001	State ZIP code
Check the box if this is an amended or a final Schedule CT K-1. ► <input type="checkbox"/> Amended Schedule CT K-1 ► <input type="checkbox"/> Final Schedule CT K-1 ► <input type="checkbox"/> PE filed as part of a combined PE Tax return . ► <input type="checkbox"/> PE filed Schedule CT-NR, Elective Composite Income Tax Remittance Calculation .		Type of member (check one): ► <input type="checkbox"/> RI ► <input type="checkbox"/> RE ► <input checked="" type="checkbox"/> RT ► <input type="checkbox"/> PE ► <input type="checkbox"/> NI ► <input type="checkbox"/> NE ► <input type="checkbox"/> NT ► <input type="checkbox"/> CM	
If either box is checked, see instructions.			

Part I - Connecticut Modifications

From Form CT-1065/CT-1120SI, Part V

Additions Enter all amounts as positive numbers.

1. Interest on state and local obligations other than Connecticut ► 1.
2. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations ► 2.
3. Certain deductions relating to income exempt from Connecticut income tax ► 3.
4. Section 168(k) federal bonus depreciation deduction allowed for property placed in service during this year ► 4.
5. 80% of Section 179 federal deduction ► 5.
6. Other - specify ► 6.

Subtractions Enter all amounts as positive numbers.

7. Interest on U.S. government obligations ► 7.
8. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations ► 8.
9. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax ► 9.
10. 25% of Section 168(k) federal bonus depreciation deduction added back in preceding two years ► 10.
11. 25% of Section 179 federal deduction added back in preceding year ► 11.
12. Other - specify ► 12.

Part II - Total Connecticut Source Income/(Loss)

Column A

From Federal Schedule K-1

Column B

From Form CT-1065/CT-1120SI, Part VI

1. Ordinary business income (loss)
2. Net rental real estate income (loss)
3. Other net rental income (loss)
4. Guaranteed payments
5. Interest income
- 6a. Ordinary dividends
7. Royalties
8. Net short-term capital gain (loss)
- 9a. Net long-term capital gain (loss)
10. Net section 1231 gain (loss)
11. Other income (loss): Attach statement
12. Section 179 deduction
13. Other deductions: Attach statement

Part III - Connecticut PE Tax Credit Information

1. Member's Connecticut PE Tax Credit ► 1. [REDACTED]

Individuals, trusts, and estates: Report this amount on **Schedule CT-PE, Pass-Through Entity Tax Credit.**

C corporations: Report this amount on **Form CT-1120PE, Pass-Through Entity Tax Credit.**

Parent PE members: Report this amount on Form CT-1065/CT-1120SI, Part I, *Schedule D*, Column C. Do not claim this as a payment on Form CT-1065/CT-1120SI, Part I, *Schedule A*.

Part IV - Elective Composite Income Tax Information

1. Composite Income Tax payment made by PE on behalf of nonresident individual (NI) member 1. [REDACTED]

Nonresident individuals: Report this amount on **Form CT-1040NR/PY, Connecticut Nonresident and Part-Year Resident Income Tax Return**, on one of the lines for income tax withheld (Lines 20a through 20f). See instructions.

Part V - Connecticut Income Tax Credit Summary

		2019 Total credit earned by member in 2019 (from Form CT-1065/CT-1120SI, Part VII)
1. Reserved for future use.	.....	1. [REDACTED]
2. Reserved for future use.	.....	2. [REDACTED]
3. Angel investor tax credit	.....	3. [REDACTED]
4. Insurance reinvestment fund tax credit	.....	4. [REDACTED]
5. Total credits: Add Line 3 and Line 4.	.....	5. [REDACTED]

Part VI - Additional Information Required to be Reported to Nonresident, Noncorporate Members and PE Members

1. Member's portion of Connecticut PE Tax payments deducted in calculating income/(loss) for federal purposes 1. [REDACTED]

Part VI is for informational purposes. This is not your PE Tax Credit. Your PE Tax Credit is reported in Part III.